

If waste is asbestos waste, complete Sections I, II, İİİ and IV.

If waste is NOT asbestos waste, complete only Sections I, II and III.

Section I GENERATOR (Gene	rator completes all of Section I)
	Generating Location: Bossert Manufacturing Site
ALCOHOL OF THE ALC	Address: 1002 Oswego Street
Edison, New Jersey 08817	Utica, NY 13502
e. Phone No.: 732-591-2278 f.	Phone No.: 315-734-1394
If owner of the generating facility differs from the generator, provide:	-
g. Owner's Name: h.	Owner's Phone No.:
i. BFI WASTE CODE	Containers DM - METAL DRUM DP - PLASTIC DRUM
j. Description of Waste: Non-Friable Asbestos	k. Quantity Units No. TYPE B - BAG BA - 6 MIL. PLASTIC BAG OF WRAP T - TRUCK O - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not any applicable state law, has been properly described, classified and packaged, and applicable regulations; AND, if the waste is a treatment residue of a previously reservictions, I certify and warrant that the waste has been treated in accordance with the hazardous waste as defined by 40 CFR Part 261.  Generator Authorized Agent Name  Signature	d is in proper condition for transportation according to tricted hazardous waste subject to the Land Disposal he requirements of 40 CFR Part 268 and is no longer a Yardous Waste Subject to the Land Disposal M³ - CUBIC METERS Y³ - CUBIC YARDS
Section II TRANSPORTER (Generatorics	Transporter I complete e-g
TRAŃSPORTER I	TRANSPORTER II
a. Name: Hazmat Environmental Group, Inc.	h: Name:
b. Address: 60 Commerce Drive	i. Address:
Buffalo, NY 14218	
c. Driver Name/Title: TAMES JOROM D.	j. Driver Name/Title:
d. Phone No.: 716-827-7200 PRINT/TYPE e. Truck No.:	k. Phone No.: I. Truck No.:
f. Vehicle License No./State:	m. Vehicle License No./State:  Acknowledgement of Receipt of Materials.  n
	pletes a-d, destination site completes e-f.)
a. Site Name: Niagara Recycling, Inc.	c. Phone No.: 716-285-3344
b. Physical Address: 5600 Niagara Falls Blvd.	d. Mailing Address Same
Niagara Falls, NY 14304	
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the t	pest of my knowledge the foregoing is true and accurate.
f. Name of Authorized Agent Signature	Receipt Date
	ete a-d, f, g, Operator completes e.)
a. Operator's* Name: _EarthTech	b. Operator's* Phone No.: 304-354-6437
c. Operator's Address: 2229 Tomlynn St., Richmond, Virgi	
d. Special Handling Instructions and additional information:	
	nt are fully and accurately described above by proper shipping name and are classified, highway according to applicable international and government regulations.
Print/Type  Name and Address  NEFDA Program II Fild com III	Operator's Signature Date
of Responsible Agency:	
Operator refers to the company which owns, leases, operates, controls, or supervises the	a facility being demolished or renovated, or the demolition or renovation operation, or both.



# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST If waste is asbestos waste, complete Sections I, II, III and IV. If waste is NOT asbestos waste, complete only Sections I, II and III. No. 270542

The second secon	omplete only Sections I, II and III.
	erator completes all of Section 1)
a. Generator Name: USEPA Region II b	. Generating Location: Bossert Manufacturing Site
c. Address 2890 Woodbridge d	Address: 1002 Oswego Street
Edison, New Jersey 08817	Utica, NY 13502
e. Phone No.: 732-591-2278 f.	Phone No.: 315-734-1394
If owner of the generating facility differs from the generator, provide:	
g: Owner's Name:	Owner's Phone No.
i. BFI WASTE CODE	TYPE DM - METAL DRUM DP - PLASTIC DRUM
j. Description of Waste: Non-Friable Asbestos	k. Quantity  Units No. TYPE B - BAG BA - 6 MIL. PLASTIC BAG or WRAP
	ODOSO Y D 1 T O TRUCK O OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is no any applicable state law, has been properly described, classified and packaged, and applicable regulations; AND, if the waste is a treatment residue of a previously r	d is in proper condition for transportation according to P - POUNDS stricted hazardous waste subject to the Land Disposal Y YARDS
Generator Authorized Agent Name Signature	Shipment Date
Section II TRANSPORTER (Generation of	
a. Name: <u>Hazmat Environmental Group</u> , Inc.	TRANSPORTER II
	h. Name:
b. Address: 60 Commerce Drive	i. Address:
Buffalo, NY 14218	*
c. Driver Name/Title:	j. Driver Name/Title: PRINT/TYPE
d. Phone No.: 716-827-7200 e. Truck No.:	k. Phone No.: 1. Truck No.:
f. Vehicle License No./State:	m. Vehicle License No./State:  Acknowledgement of Receipt of Materials.  ni.  Driver Signature  Shipment Date
Section III DESTINATION (Generator com	pletes a-d, destination site completes e-f.)
a. Site Name: Niagara Recycling, Inc.	_ c. Phone No.: <u>716-285-3344</u>
b. Physical Address: <u>5600 Niagara Falls Blvd.</u>	_ d. Mailing Address <u>Same</u>
Niagara Falls, NY 14304	- A
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the I	pest of my knowledge the foregoing is true and accurate.
Name of Authorized Agent Signature Kastly Fen	May 0414398
Section IV ASBESTOS (Generator comp	plate a-d, f, g; Operator completes e.)
a. Operator's* Name: <u>EarthTech</u>	b. Operator's* Phone No.: 804-354-6437
c. *Operator's* Address: 2229 Tomlynn St., Richmond, Virgi	nia 23230
d. Special Handling Instructions and additional information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignme packed, marked, and labeled, and are in all respects in proper condition for transport by	nt are fully and accurately described above by proper shipping name and are classified, highway according to applicable international and government regulations.
e. Operator's Name & Title: Paint/Type  f. Name and Address	Operator's Signature Date
of Responsible Agency: USEPA Region II, Edison, New Je	rsey 08817
g.  Friable; Non-friable; Both % friable 100	% nonfriable
** Operator refers to the company which owns, leases, operates, controls, or supervises the	e facility being demolished or renovated, or the demolition or renovation operation, or both.



#### NON-HAZARDOUS SPECIAL

If waste is asbestos waste, complete Sections I, II, In If waste is NOT asbestos waste, complete only Sections I, Ir

	enerator completes all of Section ()
a. Generator Name: USKPA Region II	b. Generating Location: Bossert Manuface.
2000 11-11-11-	d. Address: 1002 Oswego Street
Edison, New Jersey 08817	Utica, NY 13502
e. Phone No.: 732-591-2278	f. Phone No.: 315-734-1394
If owner of the generating facility differs from the generator, provide:	* ,
g. Owner's Name:	
i. BFI WASTE CODE	Containers DM - METAL DRUM DP - PLASTIC DRUM
j. Description of Waste: Non-Friable Asbestos	k. Quantity Units No. TYPE B - BAG BA - 6 MIL. PLASTIC BAG
	OOOSO VO 1 T - TRUCK O - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is any applicable state law, has been properly described, classified and packaged, applicable regulations; AND, if the waste is a treatment residue of a previously Restrictions, I certify and warrant that the waste has been treated in accordance with hazardous waste as defined by 40 CFR Part 261.  Generator Authorized Agent Name  Signature	and is in proper condition for transportation according to restricted hazardous waste subject to the Land Disposal ith the requirements of 40 CFR Part 268 and is no longer a  The land Disposal  Y - YARDS  O - CUBIC METERS  Y3 - CUBIC YARDS
Section II TRANSPORTER (Generate	or complete a-d. Transporter I complete e-g ) Transporter It complete h-n )
TRANSPORTER I	TRANSPORTER II
a Name: Hazmat Environmental Group, Inc.	h. Name:
b. Address: 60 Commerce Drive	i. Address:
Buffalo, NY 14218	
c. Driver Name/Title: Robert / LXVT	i Driver News (Title)
d. Phone No.: 716-827-7200 PRINT/TYPE e. Truck No.: 84	j, Driver Name/Title:
	k. Phone No.:
f. Vehicle License No./State: 1/3 0.34/1  Acknowledgement of Receipt of Materials.	m. Vehicle License No./State: Acknowledgement of Receipt of Materials.
· Aut 1) 05/39	F n
	Driver Signature Shipment Date  completes a-d, destination site completes e-f.)
a. Site Name: Miagara Recycling. Inc.	c. Phone No.:716-285-3344
b. Physical Address: 5600 Niagara Falls Blvd.	d. Mailing Address Same
Niogara Falle, NY 14304	
eDiscrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the	
f	Receipt Date
1 10 10 10 10 10 10 10 10 10 10 10 10 10	omplete a-d, f, g, Operator* completes e.)
a. Operator's* Name: EarthTech	b. Operator's* Phone No.: 804-354-6437
c. Operator's Address: 2229 Tomlynn St., Richmond, Vi	
d. Special Handling Instructions and additional information:	/
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consign packed, marked, and labeled, and are in all respects in proper condition for transport	nment are fully and accurately described above by proper shipping name and are classified, by highway according to applicable international and government regulations.
e. Operator's* Name & Title: Print/Type	Operatory Signature Date
f. Name and Address of Responsible Agency: USEPA Region II, Edison, New	Jersey 08817
	% nonfriable
* Operator refers to the company which owns, leases, operates, controls, or supervises	s the facility being demolished or renovated, or the demolition or renovation operation, or both.



If waste is asbestos waste, complete Sections I, II, III and IV.

If waste is <u>NOT</u> asbestos waste, c	omplete only Sections I, II and III.
Section I Generator (Gene	erator completes all of Section I)
a. Generator Name: USEPA Region II b.	Generating Location: Bossert Manufacturing Site
2000 Heath at to	Address: 1002 Oswego Street
Edison, New Jersey 08817	Utica, NY 13502
	Phone No.: 315-734-1394
If owner of the generating facility differs from the generator, provide:	Fildle No. 323 737 233
g. Owner's Name:h.	Owner's Phone No.:
i. BFI WASTE CODE	Containers DM - METAL DRUM DP - PLASTIC DRUM
j. Description of Waste: Non-Friable Asbestos	k. Quantity Units No. TYPE B - BAG BA - 6 MIL. PLASTIC BAG or WRAP T - TRUCK
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is no	of a hazardous waste as defined by 40 CFR Part 261 or UNITS
any applicable state law, has been properly described, classified and packaged, and applicable regulations; AND, if the waste is a treatment residue of a previously residue o	d is in proper condition for transportation according to P - POUNDS stricted hazardous waste subject to the Land Disposal V - VARDS
Generator Authorized A'gent Name Signature	Shipment Date
Section II TRANSPORTER (Generator co	Iransporter ( complete e-g )
TRANSPORTER I	TRANSPORTER II
á Name: Hazmat Environmental Group, Inc.	h. Name:
b. Address:	i. Address:
Buffalo, NY 14218	
c. Driver Name/Title: Robert HARVE	j. Driver Name/Title:
d. Phone No.: 716-827-7200 e. Truck No.: 84	k. Phone No.:
f. Vehicle License No./State: No.	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
· Aut 1 - 05/398	n.
Section III DESTINATION (Generator com-	Driver Signature Shipment Date  pletes a-d, destination site completes e-f.)
a. Site Name: Niagara Recycling, Inc.	_ c. Phone No.: 716-285-3344
b. Physical Address: <u>5600 Niagara Falls Blvd.</u> Niagara Falls, NY 14304	_ d. Mailing Address <u>Same</u>
* 1	
e. Discrepancy Indication Space:  I hereby certify that the above named material has been accepted and to the t	port of my knowledge the femoralization to the second
f. Name of Authorized Adent	04388
Section IV ASBESTOS (Generator comp	Receipt Date
a. Operator's* Name: <u>EarthTech</u>	b. Operator's* Phone No.: 804-354-6437
c. Operator's Address: 2229 Tomlynn St., Richmond, Virg.	
d. Special Handling Instructions and additional information:	
	nt are fully and accurately described above by arong chinains some and aroll as its
e. Operator's* Name & Title: LoRoy Caccine, R	M DE COPIDE DENZER
f. Name and Address of Responsible Agency: USEPA Region II, Edison, New Ju	Operator's Signatule Date  Parsey 08817
g. 🗌 Friable; 🔀 Non-friable; 🗌 Both % friable 100	0 % nonfriable
* Operator refers to the company which owns, leases, operates, controls, or supervises the	e facility being demolished or renovated, or the demolition or renovation operation, or both.



If waste is asbestos waste, complete Sections I, II, III and IV.

If waste is <u>NOT</u> asbestos waste, complete only Sections I, II and III.

Section I	GENERATOR	(Generator completes all of Section I)
a. Generator Name:	USEPA Region II	b. Generating Location: Bossert Manufacturing Site
c. Address	2890 Woodbridge	d. Address: 1002 Oswego Street
	Edison, New Jersey 08817	Utica, NY 13502
e. Phone No.:	732-591-2278	f. Phone No.: 315-734-1394
If owner of the genera	ating facility differs from the generator, provide:	
g. Owner's Name:	· · · · · · · · · · · · · · · · · · ·	h. Owner's Phone No.:
i. BFI WASTE CODE		Containers DM - METAL DRUM DP - PLASTIC DRUM
j. Description of Was	ste: Non-Friable Asbestos	k. Quantity Units No. TYPE B - BAG BA - 6 MIL. PLASTIC BAG or WRAP
<b>%</b>	· · · · · · · · · · · · · · · · · · ·	
any applicable state applicable regulation Restrictions, I certify	e law, has been properly described, classified and packaged as; AND, if the waste is a treatment residue of a previously and warrant that the waste has been treated in accordance defined by 40 CFR Part 261.	al is not a hazardous waste as defined by 40 CFR Part 261 or d, and is in proper condition for transportation according to ly restricted hazardous waste subject to the Land Disposal with the requirements of 40 CFR Part 268 and is no longer a with the requirements of 40 CFR Part 268 and is no longer a Shipment Date    UNITS   P - POUNDS   Y - YARDS   M³ - CUBIC METERS   Y³ - CUBIC METERS   Y³ - CUBIC YARDS   O - OTHER
Section II		ator complete a-d; Transporter I complete e-g
	TRANSPORTER I	TRÂNSPORTER II
a. Name: Name	mat Environmental Group, Inc.	h. Name:
b. Address: 60 C	Commerce Drive	i. Address:
Buff	alo, NY 14218	
c. Driver Name/Title:		Driver Name/Title:
d. Phone No.: 716-	DOWN TO JOE	k. Phone No.: PRINT/TYPE
f. Vehicle License No	الأحداث ومساومهم والأمار	m. Vehicle License No./State:
	nt of Receipt of Materials.	Acknowledgement of Receipt of Materials.
g. Driver Signature	OHana 05/49 Shipment Date	8 n. Driver Signature Shipment Date
Section III	DESTINATION (Generato	r completes a-d, destination site completes e-t.)
a. Site Name: Niag	gara Recycling, Inc.	c. Phone No.: _716+285-3344
b. Physical Address:	5600 Niagara Falls Blvd.	d. Mailing Address Same
	Niagara Falls, NY 14304	
e. Discrepancy Indica	tion Space:	
I hereby certify that	the above named material has been accepted and to	the best of my knowledge the foregoing is true and accurate.
_		
f. Name of Authorized Agen	nt Signature	Receipt Date
Section IV	ASBESTOS (Generator	complete a-d, f, g, Operator* completes e,)
a. Operator's* Name:		b. Operator's* Phone No.: 804-354-6437
c. Operator's ** Addres	s: 2229 Tomlynn St., Richmond, Vi	irginia 23230
d. Special Handling In	structions and additional information:	
OPERATOR'S CERTIFI packed, marked, and lab	CATION: I hereby declare that the contents of this considered, and are in all respects in proper condition for transpo	gnment are fully and accurately described above by proper shipping name and are classified, ort by highway according to applicable international and government regulations.
e. Operator's* Name &	Print/Type ·	Operators Signature Date
<li>f. Name and Address of Responsible Age</li>	INRPA Vacion II Edicon Non	Jersey 08817
47	Non-friable; Both % friable	100 % nonfriable
* Operator refers to the	company which owns, leases, operates, controls, or supervis	ses the facility being demolished or renovated, or the demolition or renovation operation, or both.



If waste is asbestos waste, complete Sections I, II, III and IV.

If waste is NOT asbestos waste, complete only Sections I, II and III.

m No.270543

	erator completes all of Section I)
a. Generator Name: USEPA Region II	Generating Location: Bossert Manufacturing Site
The second secon	Address: 1002 Oswego Street
Edison, New Jersey 08817	Utica, NY 13502
e. Phone No.; 732-591-2278 f.	Phone No.: 315-734-1394
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name:h	
i. BFI WASTE CODE	Containers DM - METAL DRUM DP - PLASTIC DRUM
j. Description of Waste: Non-Friable Asbestos.	
	ODSO 9 0 1 T T TRUCK O OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is n any applicable state law, has been properly described, classified and packaged, an applicable regulations; AND, if the waste is a treatment residue of a previously research that the waste has been treated in accordance with the state of t	d is in proper condition for transportation according to P - POUNDS stricted hazardous waste subject to the Land Disposal Y - YARDS
hazardous waste as defined by 40 CFR Part 261.	Y <sup>3</sup> - CUBIC YARDS
JACK D. HARMON Jack D. Ho- Generator, Authorized Agent Name Signature	Shipment Date
Section II TRANSPORTER (Generator of	omplete a.d. Transporter I complete e.g. ( Transporter II complete h-n/)
TRANSPORTERI	TRANSPORTER II
a Name Hazmat Environmental Group, Inc.	h. Name:
b. Address: 60 Commerce Drive	i. Address:
Buffalo, NY 14218	
c: Driver Name/Title:	j. Driver Name/Title:
d. Phone No.: 716-827-7200 e. Truck No.: 772-4	k. Phone No.: l. Truck No.:
f. Vehicle License No./State: PX5496 (VV)	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials:	Acknowledgement of Receipt of Materials.
9 Contly 8/0Hay 05/4/98	n
	Driver Signature Shipment Date  spletes a.d, destination site completes e.f.)
a. Site Name: Niagara Recycling, Inc.	_ c. Phone No.: 716-285-3344
b. Physical Address: _5600 Niagara Falls Blvd.	d. Mailing Address Same
Niagara Falls, NY 14304	
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the I	best of my knowledge the foregoing is true and accurate.
Pom Scott Pamlcott Name of Authorized Agent Signature	05/14/98 san6D
	Receipt Date  plete a-d, f, g, Operator* completes e.)
a. Operator's* Name: <u>EarthTech</u>	b. Operator's* Phone No.: 804-354-6437
c. Operator's* Address: 2229 Tomlynn St., Richmond, Virg	
d. Special Handling Instructions and additional information:	,
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignme packed, marked, and labeled, and are in all respects in proper condition for transport by	ent are fully and accurately described above by proper shipping name and are classified, highway according to applicable international and government regulations
e. Operator's* Name & Title: LORO Casside (	RM State ODD OF Date
Name and Address, USEPA Region II, Edison, New Jo	ersey 08817
g.  Friable, Non-triable, Both % friable 10	% nonfriable
Operator refers to the company which owns, leases, operates, controls, or supervises the	e facility being demolished or renovated, or the demolition or renovation operation, or both.



If waste is asbestos waste, complete Sections I, II, III and IV.

If waste is NOT asbestos waste, complete only Sections I, II and III.

Section I		Generator completes all of Section I)
	USEPA Region II	
a. Generator Name: _	2890 Woodbridge	b. Generating Location: Bossert Manufacturing Site
c. Address		d. Address: 1002 Oswego Street
		Utica, NY 13502
e. Phone No.:	/32-391-22/8 ting facility differs from the generator, provide:	f. Phone No.: 315-734-1394
g. Owner's Name:		h. Oumaria Phana Na
g. Owner's Name		h. Owner's Phone No.:
i. BFI WASTE CODE		Containers DM - METAL DRUM DP - PLASTIC DRUM B - BAG
-		k. Quantity Units No. TYPE BA - 6 MIL PLASTIC BAG or WRAP T - TRUCK O - OTHER
any applicable state applicable regulations Restrictions, I certify hazardous waste as o	RTIFICATION: I hereby certify that the above named material law, has been properly described, classified and packaged s; AND, if the waste is a treatment residue of a previously and warrant that the waste has been treated in accordance with defined by 40 CFR Part 261.	, and is in proper condition for transportation according to restricted hazardous waste subject to the Land Disposal // restricted hazardous waste subject to the Land Disposal // - YARDS // - CUBIC METERS // - CUBIC YARDS
Generator Authorized	HARMON Juk D. Ibu	Shipment Date
Section II	TRANSPORTER (General	or complete a-d; Transporter II complete e-g )
	TRANSPORTER I	TRANSPORTER II
a. Name: Racma	at Environmental Group, Inc.	h. Name:
b. Address: 60 Co	ownerce Drive	i. Address:
Buffa	alo, NY 14218	
c. Driver Name/Title:	HICHPEL G. MYERS	j. Driver Name/Title:
d. Phone No.: 716-8	827-7200 PRINT/TYPE e. Truck No.: <u>/3</u> 5	PRINT/TYPE  k. Phone No.: I. Truck No.:
f. Vehicle License No.	/State: 1/729P (N.Y.)	m. Vehicle License No./State:
Acknowledgemen	of Receipt of Materials.    O 5 1 4 9	Acknowledgement of Receipt of Materials.  n. Driver Signature
Section III		Driver Signature Shipment Date  completes a-d, destination site completes e-f.)
a. Site Name: Niage	ara Recycling, Inc.	c. Phone No.: _716-285-3344
b. Physical Address:	5600 Niagara Falls Blvd.	d. Mailing Address Same
-	Niagara Falls, NY 14304	
e. Discrepancy Indicati		
I hereby certify that t	the above named material has been accepted and to t	he best of my knowledge the foregoing is true and accurate.
f. Name of Authorized Agent	Signature	Receipt Date
Section IV	ASBESTOS (Generator	complete a-d, f, g, Operator* completes a.)
a. Operator's* Name: _		b. Operator's* Phone No.:804-354-6437
c. Operator's* Address	2229 Tomlynn St., Richmond, Vin	rginia 23230
d. Special Handling Ins	structions and additional information;	
OPERATOR'S CERTIFIC packed, marked, and labe	CATION: I hereby declare that the contents of this consigeled, and are in all respects in proper condition for transpor	nment are fully and accurately described above by proper shipping name and are classified to by highway according to applicable international and government regulations.
e. Operator's* Name &  Name and Address	Title: Land Carrier (	Operator Signature Date
of Responsible Agen	usepa Region II, Edison, New	Jersey 08817
g. 🗌 Friable; 🏪 N	on-friable; Both % friable 1	% nonfriable
Operator refers to the o	company which owns, leases, operates, controls, or supervise	s the facility being demolished or renovated, or the demolition or renovation operation, or both.

If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III.

	enerator completes all of Section I)
a Generator Name: USEPA Region II	b. Generating Location: _Bossert Manufacturing Site
cl Address 2890 Woodbridge	d. Address: 1002 Oswego Street
Edison, New Jersey 08817	Utica, NY 13502
	f. Phone No.: 315-734-1394
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name:	h. Owner's Phone No.:
i. BFI WASTE CODE	TYPE  Containers  DM - METAL DRUM DP - PLASTIC DRUM B - BAG
j. Description of Waste: Non-Friable Asbestos	K. Quantity Units No. TYPE BA - 6 MIL PLASTIC BAG
	CODSOY DI T TRUCK O OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is any applicable state law, has been properly described, classified and packaged, applicable regulations; AND, if the waste is a treatment residue of a previously Restrictions, I certify and warrant that the waste has been treated in accordance with hazardous waste as defined by 40 CFR Part 201.  Generator Authorized Agent Name  Signature	and is in proper condition for transportation according to restricted hazardous waste subject to the Land Disposal Y - YARDS
Section II TRANSPORTER Generato	r complete a-d. Transporter I complete e-g. )
TRANSPORTER I	TRANSPORTER II
a Name: Hazmat Environmental Group, Inc.	h Name:
b. Address: 60 Commerce Drive	i. Address:
Buffalo, NY 14218	
c. Driver Name/Title: HICHAEL 6. MYERS PRINT/TYPE	j. Driver Name/Title:
d. Phone No.: 716-827-7200 e. Truck No.: /35	RRINT/TYPE  k. Phone No.:  I. Truck No.:
f. Vehicle License No./State: 11729P (N.Y.)	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.  g. My O 5 / 4 9 8  Shipment Date	Acknowledgement of Receipt of Materials.  n
Section III DESTINATION (Generator of	completes a-d, destination site completes e-f.)
a Site Name: Niagara Recycling, Inc.	c. Phone No.: 716-285-3344
b. Physical Address: 5600 Niagara Falls Blvd.	d. Mailing Address <u>Same</u>
Niagara Falls, NY 14304	
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the	ne best of my knowledge the foregoing is true and accurate.
f. Name of Authorized Agent Signature	cott 051498 san6D
Section IV ASBESTOS (Generator of	omplete a-d, i, g, Operator completes e.)
a. Operator's* Name: <u>EarthTech</u>	b. Operator's* Phone No.: 804-354-6437
c. Operator's Address: 2229 Tomlynn St., Richmond, Vir	ginia 23230
d. Special Handling Instructions and additional information:	
<b>OPERATOR'S CERTIFICATION:</b> I hereby declare that the contents of this consign packed, marked, and labeled, and are in all respects in proper condition for transport	ment are fully and accurately described above by proper shipping name and are classified by highway according to applicable international and government regulations.
e. Operator's* Name & Title: Print/Type	DEPTATION DESIGNATION DESIGNAT
f. Name and Address of Responsible Agency: USEPA Region II, Edison, New	Jersey 08817
g. Triable; Non-friable; Both. % friable 1	00 % nonfriable
* Operator refers to the company which owns, leases, operates, controls, or supervises	s the facility being demolished or renovated, or the demolition or renovation operation, or both.



If waste is asbestos waste, complete Sections I, II, III and IV.

No.270545

	complete only Sections I, II and III.
	b. Generating Location:  Bossert Manufacturing Site
2000 11-15-4	1000 0
c. Address Edison, New Jersey 08817	d. Address: Utica, NY 13502
	<del>19</del>
e. Phone No.:	f. Phone No.: 315-734-1394
	h. Owner's Phone No.:
i. BFI WASTE CODE	TYPE  Containers DM - METAL DRUM DP - PLASTIC DRUM
j. Description of Waste: Non-Priable Asbestos	B - BAG  k. Quantity Units No. TYPE BA - 6 MIL. PLASTIC BAG
	OOSO TO TO THE OF WRAP
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is any applicable state law, has been properly described, classified and packaged, a applicable regulations; AND, if the waste is a treatment residue of a previously restrictions, I certify and warrant that the waste has been treated in accordance with hazardous waste as defined by 40 CFR Part 261  Generator Authorized Agent Name  Signature	and is in proper condition for transportation according to restricted hazardous waste subject to the Land Disposal
Section II TRANSPORTER (Generator	complete a.d. Transporter I complete e-g y
TRANSPORTER I	TRANSPORTER II
a. Name: Hazmat Environmental Group, Inc.	h. Name:
b. Address: 60 Commerce Drive	i. Address:
Buffalo, NY 14218	
c. Driver Name/Title: MICHAFL G. HYERS / DRIVER	j. Driver Name/Title:
d. Phone No.: 716-827-7200 PRINT/TYPE e. Truck No.: 135	PRINT/TYPE  k. Phone No.: i. Truck No.:
f. Vehicle License No./State: 155.50 P (N.Y.)	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
g. My Mars M. Myers 05/598 Shipment Date	n
Omprient date	Driver Signature Shipment Date  Impletes a-d, destination site completes e-f.)
a. Site Name: Niagara Recycling, Inc.	c. Phone No.: 716-285-3344
b. Physical Address: 5600 Niagara Falls Blvd.	d. Mailing Address Same
Niogara Falls, NY 14304	d. Maining Address
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the	best of my knowledge the foregoing is true and accurate.
	· · · · · · · · · · · · · · · · · · ·
f. Name of Authorized Agent Signature	Receipt Date
Section IV ASBESTOS (Generator cor	nplete a-d, f, g, Operator completes e.)
a. Operator's* Name: <b>EarthTech</b>	b. Operator's* Phone No.: 204-354-6437
c. Operator's Address: 2229 Tomlynn St., Richmond, Virg	
d. Special Handling Instructions and additional information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignmented, and labeled, and are in all respects in proper condition for transport by	nent are fully and accurately described above by proper shipping name and are classified, by highway according to applicable international and government regulations.
e. Operator's* Name & Title: Print/Type	Operator's Signature Date
Name and Address of Responsible Agency: USEPA Region II, Edison, New J	
g.  Friable; Non-friable; Both % friable 10	% nonfriable
Operator refers to the company which owns, leases, operates, controls, or supervises t	the facility being demolished or renovated, or the demolition or renovation operation, or both.



If waste is asbestos waste, complete Sections I, II, III and IV.

If waste is NOT asbestos waste, complete only Sections I, II and III.

No.270545

ii waste is <u>NOT</u> aspestos wast	e, complete only Sections I, If and III.
Section I GENERATOR (G	enerator completes all of Section I)
a. Generator Name: USEPA Region II	b. Generating Location: Bossert Manufacturing Site
c. Address2890 Woodbridge	d. Address: 1002 Oswego Street
Edison, New Jersey 08817	Utica, NY 13502
e. Phone No.: 732-591-2278	-fr- Phone No.: 315-734-1394
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name:	h. Owner's Phone No.:
i. BFI WASTE CODE	Containers DM - METAL DRUM DP - PLASTIC DRUM B - BAG
j. Description of Waste: Non-Friable Asbestos	k. Quantity Units No. TYPE BA - 6 MIL PLASTIC BAG or WRAP
	DODSOK DI T O TRUCK
GENERATOR'S CERTIFICATION: I hereby certify that the above named material any applicable state law, has been properly described, classified and packaged applicable regulations; AND, if the waste is a treatment residue of a previously Restrictions, I certify and warrant that the waste has been treated in accordance whazardous waste as defined by 40 CFR Part 261  ACK  Generator Authorized Agent Name	and is in proper condition for transportation according to P - POUNDS Y - YARDS
* * * * * * * * * * * * * * * * * * * *	or complete a-d; Transporter II complete h-n )
TRANSPORTER I  a. Name: Hazmat Environmental Group, Inc.	TRANSPORTER IÏ
(O O	h. Name:
b. Address: 60 Commerce Drive	i. Address:
Buffalo, NY 14218	
c. Driver Name/Title: MICHAEL 6. HYEOS / DRIVE	j. Driver Name/Title:
d. Phone No.: 716-827-7200 e. Truck No.: 135	k. Phone No.: 1. Truck No.:
f. Vehicle License No./State: 15550 (N.Y.)  Acknowledgement of Receipt of Materials.	m. Vehicle License No./State:  Acknowledgement of Receipt of Materials.
g. My Spiret Signature Shipment Date	3 n.
	Driver Signature Shipment Date  completes a-d, destination site completes e-f.)
a. Site Name: Niagara Recycling, Inc.	c: Phone No.: 716-285-3344
b. Physical Address: 5600 Niagara Falls Blvd.	d. Mailing Address Same
Niagara Falls, NY 14304	
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to t	the best of my knowledge the foregoing is true and accurate.
f. Pam Scott Pam Scott	- Janob
	Receipt Date  completé a-d, f, g, Operator complétés e.)
a. Operator's* Name: <u>EarthTech</u>	b. Operator's* Phone No.: 804-354-6437
c. Operator's Address: 2229 Tomlyan St., Richmond, Vi	
	L B Little and Stady
d. Special Handling Instructions and additional information:	
packed, marked, and labeled, and are in all respects in proper condition for transpor	nment are fully and accurately described above by proper shipping name and are classified, t by highway according to applicable international and government regulations.
e. Operator's* Name & Title: Print/Type	Operator's Signature Date
f. Name and Address of Responsible Agency: USEPA Region II, Edison, New	Jersey 08817
g. 🗌 Friable; 🔼 Non-friable; 🔲 Both % friable	100 % nonfrjable



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is <u>NOT</u> asbestos waste, complete only Sections I, II and III.

If waste is <u>NOT</u> asbestos was	ste, complete only Sections I, II and III.
Section I GENERATOR	(Generator completes all of Section I)
a. Generator Name: USEPA Region II	b. Generating Location: Bossert Manufacturing Site
DAAA **	d. Address:1002 Oswego Street
Edison, New Jersey 08817	Utica, NY 13502
e. Phone No.: 732-591-2278	f. Phone No.: 315-734-1394
If owner of the generating facility differs from the generator, provide:	•
g. Owner's Name:	
i. BFI WASTE CODE	Containers DM - METAL DRUM DP - PLASTIC DRUM B - BAG
j. Description of Waste: Kon-Friable Asbestos	k. Quantity  Units  No. TYPE  BA - 6 MIL. PLASTIC BAG  or WRAP  T - TRUCK O - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material any applicable state law, has been properly described, classified and packaged applicable regulations; AND, if the waste is a treatment residue of a previously Restrictions, I certify and warrant that the waste has been treated in accordance whazardous waste as defined by 40 CFR Part 261.  Generator Authorized Agent Name  Signature	It is not a hazardous waste as defined by 40 CFR Part 261 or d, and is in proper condition for transportation according to by restricted hazardous waste subject to the Land Disposal with the requirements of 40 CFR Part 268 and is no longer a  Will's  P - POUNDS  Y - YARDS  M³ - CUBIC METERS  Y³ - CUBIC YARDS
Section II TRANSPORTER (General	Transporter I complete e-g
TRANSPORTER I  a. Name: Hazmat Environmental Group, Inc.	TRANSPORTER II  h. Name:
b. Address: 60 Commerce Drive	i. Address:
Buffalo, NY 14218	
c. Driver Name/Title: GACY L PLAT	j. Driver Name/Title:
d. Phone No.: 716-827-7200 e. Truck No.: /2 ()	k. Phone No.: I. Truck No.:
f. Vehicle License No./State: 130330 N1/ Acknowledgement of Receipt of Materials.	m. Vehicle License No./State: Acknowledgement of Receipt of Materials.
g. Jan Mott 05/59 Driver Signature Shipment Date	
Suppose Suppos	Driver Signature Shipment Date  completes a-d, destination site completes a-f.)
a. Site Name: Niagara Recycling, Inc.	c. Phone No.: 716-285-3344
b. Physical Address: 5600 Niagara Falls Blvd.	d. Mailing Address Same
Niagara Falls, NY 14304	
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to	the best of my knowledge the foregoing is true and accurate.
2	
Name of Authorized Agent Signature	Receipt Date
	complete a-d, 1, g, Operator* completes e.)
a. Operator's Name: EarthTech	b. Operator's* Phone No.: 6734-354-6437
c. Operator's Address: 2229 Tomlynn St., Richmond, Vi	rginia 23230
d. Special Handling Instructions and additional information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignacked, marked, and labeled, and are in all respects in proper condition for transport	gnment are fully and accurately described above by proper shipping name and are classified, nt by highway according to applicable international and government regulations.
e. Operator's* Name & Title:	DAI DAI DAI BRIS
f. Name and Address of Responsible Agency: USEPA Region II, Edison, New	Operator's Signature Date  Jersey 08817
g. 🗌 Friable; 🐪 Non-friable; 🔲 Both % friable	% nonfriable

Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is <u>NOT</u> asbestos waste, complete only Sections I, II and III.

No.270546

if waste is <u>NO I</u> aspestos waste	e, complete only Sections I, II and III.
Section 1 GENERATOR (G	ienerator completes all of Section 1)
#a. Generator Name: USEPA Region II	b. Generating Location: Bossert Manufacturing Site
c. Address 2890 Woodbridge	1002 Octago Street
Edison, New Jersey 08817	Utica, NY 13502
e. Phone No.: 732-591-2278	f. Phone No.: 315-734-1394
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name:	h. Owner's Phone No.:
i. BFI WASTE CODE	TYPE  Containers DM - METAL DRUM DP - PLASTIC DRUM
j. Description of Waste: Non-Friable Asbestos	B - BAG  K. Quantity Units No. TYPE BA - 6 MIL. PLASTIC BAG
	ODOSD Y O I F THUCK
GENERATOR'S CERTIFICATION: I hereby certify that the above named material any applicable state law, has been properly described, classified and packaged, applicable regulations; AND, if the waste is a treatment residue of a previously Restrictions, I certify and warrant that the waste has been treated in accordance w hazardous waste as defined by 40 CFR Part 261.  TACK D. HACMON Signature  Signature	and is in proper condition for transportation according to restricted hazardous waste subject to the Land Disposal Y - YARDS
Section II TRANSPORTER (Generate	Transporter I complete e.g.
TRANSPORTER I	TRANSPORTER II
a Name: Hazmat Environmental Group, Inc.	h. Name:
b: Address: _60 Commerce Drive	i. Address:
J Buffalo, NY 14218	
c. Driver Name/Title:	j. Driver Name/Title:
d. Phone No.: 716-827-7200 P. Truck No.: /2()	PRINT/TYPE  k. Phone No.: I: Truck No.:
f. Vehicle License No./State: 13033PNV	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
g. Matt OS/59  Shipment Date  Shipment Date	n
	completes and, destination site completes and)
a. Site Name: Niagara Recycling, Inc.	c. Phone No.: _716-285-3344
b. Physical Address: 5600 Niagara Falls Blvd.	d. Mailing Address Same
Niagara Falls, NY 14304	
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the	he best of my knowledge the foregoing is true and accurate.
f' Pam Scott Pam Scott Name of Authorized Agent Signature	051598 san6b
	complete a d, f, g, Operator completes e)
a. Operator's* Name: <u>EarthTech</u>	b. Operator's* Phone No.: 804-354-6437
c. Operator's* Address: 2229 Tomlynn St., Richmond, Vin	
d. Special Handling Instructions and additional information:	
<b>OPERATOR'S CERTIFICATION:</b> I hereby declare that the contents of this consignated, marked, and labeled, and are in all respects in proper condition for transport	nment are fully and accurately described above by proper shipping name and are classified, by highway according to applicable international and government regulations.
ré. Operator's* Name & Title: LeCoy Cass Dey	Operator's Signature Date
f. Name and Address , of Responsible Agency: USEPA Region II, Edison, New	Jersey 08817
g.  Friable; Non-friable; Both % friable	% nonfriable



If waste is asbestos waste, complete Sections I, II, III and IV.

If waste is NOT asbestos waste, complete only Sections I, II and III.

it waste is <u>NOT</u> aspestos waste	e, complete only Sections I, II and III.
Section 1 GENERATOR (6	Generator completes all of Section I)
a. Generator Name: USEPA Region II	b. Generating Location: Bossert Manufacturing Site
c. Address 2890 Woodbridge	1002 Derrore Street
Edison, New Jersey 08817	Utica, NY 13502
e. Phone No.: 732-591-2278	f. Phone No.:315-734-1394
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name:	h. Owner's Phone No.:
i. BFI WASTE CODE	TYPE  Containers  DM - METAL DRUM DP - PLASTIC DRUM
j. Description of Waste: Non-Friable Asbestos	k. Quantity Units No. TYPE B - BAG BA - 6 MIL. PLASTIC BAG
<del></del>	OOOSO Q 1 T - TRUCK O - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material any applicable state law, has been properly described, classified and packaged, applicable regulations; AND, if the waste is a treatment residue of a previously Restrictions, I certify and warrant that the waste has been treated in accordance w hazardous waste as defined by 40 CFR Part 261.  Generator Authorized Agent Name  Signature	p - POUNDS y restricted hazardous waste subject to the Land Disposal ith the requirements of 40 CFR Part 268 and is no longer a  P - POUNDS Y - YARDS M³ - CUBIC METERS Y³ - CUBIC YARDS O - OTHER
	Shipment Date  Transporter 1 complete e-n 10002
TRANSPORTER I	Transporter I complete e-g Transporter II complete h-n Tra
a. Name: Hazmat Environmental Group, Inc.	TRANSPORTER II
b. Address: 60 Commerce Drive	h. Name:
Buffalo, NY 14218	i. Address:
c. Driver Name/Title: TIMOTHY J. O'HARA (ARIV	
	PRINT/TYPE
A complete de la contraction d	k. Phone No.: I. Truck No.:
f. Vehicle License No./State:	m. Vehicle License No./State:
2001/2001/2001/1998	2
Driver Signature Shipment Date	
	completes a-d, destination site completes e-f.)
a. Site Name: Niagara Recycling, Inc.	c. Phone No.:
b. Physical Address: 5600 Niagara Falls Blvd.	d. Mailing Address Same
Niegara Falls, NY 14304	
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to t	he best of my knowledge the foregoing is true and accurate.
<b>;</b>	
Name of Authorized Agent Signature	Receipt Date
	complète a-d, 1, g. Operator completes e.)
a. Operator's* Name:	b. Operator's* Phone No.: 804-354-6437
c. Operator's Address: 2229 Tomlynn St., Richmond, Vi	rginia 23230
d. Special Handling Instructions and additional information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignated, marked, and labeled, and are in all respects in proper condition for transport	nment are fully and accurately described above by proper shipping name and are classified t by highway according to applicable international and government regulations.
e. Operator's* Name & Title: Print/Type	Operator's Signature Date
Name and Address of Responsible Agency: USEPA Region II, Edison, New	
g. 🗌 Friable; 🏝 Non-friable; 🔲 Both % friable	100 % nonfriable



If waste is asbestos waste, complete Sections I, II, III and IV.

If waste is NOT asbestos waste, complete only Sections I, II and III.

If waste is <u>NOT</u> asbestos was	te, complete only Sections I, II and III.
Section I GENERATOR (	(Generator completes all of Section I)
a. Generator Name: USEPA Region II	b. Generating Location: Bossert Manufacturing Site
c. Address 2890 Woodbridge	d. Address: 1002 Oswego Street
Edison, New Jersey 08817	Utica, NY 13502
e. Phone No.: 732-591-2278	f. Phone No.: 315-734-1394
If owner of the generating facility differs from the generator, provide:	_ i. Filolie No
g. Owner's Name:	h. Owner's Phone No.:
i. BFI WASTE CODE	Containers DM - METAL DRUM DP - PLASTIC DRUM B - BAG
j. Description of Waste: Non-Friable Asbestos	k. Quantity Units No. TYPE BA - 6 MIL. PLASTIC BAG or WRAP
	DDDDDQ 0 1 T TRUCK
GENERATOR'S CERTIFICATION: I hereby certify that the above named materia any applicable state law, has been properly described, classified and packaged applicable regulations; AND, if the waste is a treatment residue of a previousl Restrictions, I certify and warrant that the waste has been treated in accordance wasterdous waste as defined by 40 CFR Part 261.  Generator Authorized Agent Name  Signature	d, and is in proper condition for transportation according to P - POUNDS  by restricted hazardous waste subject to the Land Disposal Y - YARDS
Section II TRANSPORTER (General	tor complete a-d: Transporter I complete h-n )
TRANSPORTER I	TRANSPORTER II
a Name: Hazmat Environmental Group, Inc.	n. Name:
b. Address: 60 Commerce Drive	i. Address:
Buffalo, NY 14218	
g. Driver Name/Title: TIMOTHY J. O'HARA (ARI	j. Driver Name/Title:
d. Phone No.: 716-827-7200 PRINT/TYPE e. Truck No.: A72-4	J. Driver Name/Title:
f. Vehicle License No./State: PX5496 (NY)	
Acknowledgement of Receipt of Materials.	m. Vehicle License No./State:  Acknowledgement of Receipt of Materials.
g Smother 10Hay 05189	<b>8</b> n.
Section III DESTINATION (Generator	Driver Signature Shipment Date  completes a-d, destination site completes a-f.)
a. Site Name: Niagara Recycling, Inc.	c. Phone No.: 716-285-3344
b. Physical Address: 5600 Niagara Falls Blvd.	d. Mailing Address Same
Niagara Falls, NY 14304	U. Waling Address
e. Discrepancy Indication Space:  I hereby certify that the above named material has been accepted and to	the best of my knowledge the foregoing is true and accurate
	1 Section in Michigan Incharge in the and accurate.
f. Pam Scott Pam Sut	T DS 1298 San6D
2	complete a-d, f, g, Operator completes e.)
a. Operator's* Name:EarthTech	b. Operator's* Phone No.: 804-354-6437
c. Operator's Address: 2229 Tomlynn St., Richmond, V.	
d. Special Handling Instructions and additional information:	1
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consi- packed, marked, and labeled, and are in all respects in proper condition for transpo	ignment are fully and accurately described above by proper shipping name and are classified, or by highway according to applicable international and government regulations.
e. Operator's* Name & Title: LeRy Cassibey	Operator's Signature Date
f. Name and Address of Responsible Agency: USEPA Region II, Edison, New	
g.  Friable;  Non-friable;  Both % friable	100 % nonfriable



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is <u>NOT</u> asbestos waste, complete only Sections I, II and III.

Section I		(Generator completes all of Section I)
	USEPA Region II	b. Generating Location: Bossert Manufacturing Site
c. Address	2890 Woodbridge	d. Address:
o. 74461000	Edison, New Jersey 08817	Utica, NY 13502
e. Phone No.:	732-591-2278	f. Phone No.: 315-734-1394
	ting facility differs from the generator, provide:	
g. Owner's Name:		h. Owner's Phone No.:
i. BFI WASTE CODE		TYPE Containers DM - METAL DRUM
i. Bri WASTE CODE		Containers DM - METAL DRUM DP - PLASTIC DRUM B - BAG
j. Description of Was	te: Non-Friable Asbestos	k. Quantity Units No. TYPE BA - 6 MIL. PLASTIC BAG
		OOOSO R PI T T TRUCK
any applicable state applicable regulation Restrictions, I certify	RTIFICATION: I hereby certify that the above named materia law, has been properly described, classified and packaged as; AND, if the waste is a treatment residue of a previously and warrant that the waste has been treated in accordance of defined by 40 CFR Part 261.  A Quantity of Agent Name  Signature	d, and is in proper condition for transportation according to    P - POUNDS     Y - YARDS
Section II	TRANSPORTER (General	ator complete a-d; Transporter I complete e-g
	TRANSPORTER I	TRANSPORTER II
a. Name: Hazu	eat Environmental Group, Inc.	h. Name:
b. Address:60 (	Commerce Drive	i. Address:
Bufi	falo, NY 14218	
c. Driver Name/Title:	MICHAEL CALVERS	j. Driver Name/Title:
d. Phone No.: 716	-827-7200 PRINT/TYPE e. Truck No.:	PRINT/TYPE  k. Phone No.: I. Truck No.:
	o/State: / 5 5 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Acknowledgement of Receipt of Materials.
g. Diive Signature	Shipment Date	n. Driver Signature Shipment Date
Section III	DESTINATION (Generator	rcomplates a-d, destination site completes e-f.)
a. Site Name: N1a	gara Recycling, Inc.	c. Phone No.:
b. Physical Address:	5600 Niagara Falls Blvd.	d. Mailing Address Same
	Niagara Falls, NY 14304	
e. Discrepancy Indicat	tion Space:	
I hereby certify that	the above named material has been accepted and to	the best of my knowledge the foregoing is true and accurate.
Name of Authorized Agent	t Signature	Receipt Date
Section IV		complete a-d, f, g, Operator completes e.)
a. Operator's* Name:		b. Operator's* Phone No.: 804-354-6437
c. Operator's* Address	s: 2229 Tomlynn St., Richmond, V	Virginia 23230
d. Special Handling Ins	structions and additional information:	And the second of the second o
OPERATOR'S CERTIFIC packed, marked, and lab	<b>CATION:</b> I hereby declare that the contents of this consiqued, and are in all respects in proper condition for transpo	gnment are fully and accurately described above by proper shipping name and are classified ort by highway according to applicable international and government regulations.
e. Operator's* Name &	Print/Type	Operator's Signature Date
<ul> <li>Name and Address of Responsible Age</li> </ul>	HSMPA Wandon II Watson No	· · · · · · · · · · · · · · · · · · ·
- بن	Non-friable;	100 % nonfriable



If waste is asbestos waste, complete Sections I, II, III and IV.

No. 270548

3-2-1-2	e, complete only Sections I, II and III.
	Generator completes all of Section I)  Bossert Manufacturing Site
2000 Heather	b. Generating Location:
Edison, New Jersey 08817	'd Address:Utica, NY 13502
e. Phone No.: 732-591-2278  If owner of the generating facility differs from the generator, provide:	f. Phone No.: 313-734-1334
g. Owner's Name:	h. Owner's Phone No.:
	TYPE
i. BFI WASTE CODE	Containers DM - METAL DRUM DP - PLASTIC DRUM B - BAG
j. Description of Waste: Non-Friable Asbestos	k. Quantity Units No. TYPE BA - 6 MIL. PLASTIC BAG or WRAP
	DODSO Y 0 1 T TRUCK OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material any applicable state law, has been properly described, classified and packaged applicable regulations; AND, if the waste is a treatment residue of a previousl Restrictions, I certify and warrant that the waste has been treated in accordance waste as defined by 40 CFR Part 261  Generator Authorized Agent Name	l, and is in proper condition for transportation according to P - POUNDS y restricted hazardous waste subject to the Land Disposal Y - YARDS
Section II TRANSPORTER (General	or complete a-d. Transporter I complete e-g
TRANSPORTER	TRANSPORTER II
a Name: Hazmat Environmental Group, Inc.	h. Name:
& Address: 60 Commerce Drive	i. Address:
Buffalo, NY 14218	P. Y
Driver Name/Title: MICHAEL G. MYFDS	j. Driver Name/Title:
d. Phone No.: 716-827-7200 PRINT/TYPE e. Truck No.: 135	K. Phone No.: PRINT/TYPE
f. Vehicle License No./State: 155500 WY	1
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
g. Mycs OS189 Shipment Date	nShipment Date
Section III DESTINATION (Generalo	completes and, destination site completes e-f.)
a. Site Name: Niagara Recycling, Inc.	c. Phone No.: 716-285-3344
b. Physical Address: 5600 Niagara Falls Blvd.	d. Mailing Address Same
Niagara Falls, NY 14304	
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to	the best of my knowledge the foregoing is true and accurate.
to Scott Pam Scott  Name of Authorized Agent  Signature	051898 san6D
	Receipt Date  complete a-d, f, g, Operator* completes e.)
a. Operator's* Name: <u>FarthTech</u>	b. Operator's* Phone No.: 804-354-6437
c. Operator's* Address:2229 Tomlynn St., Richmond, V	
d. Special Handling Instructions and additional information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consi	gnment are fully and accurately described above by proper shipping name and are classified
packed, marked, and labeled, and are in all respects in proper condition for transpo	rt by highway according to applicable international and government regulations.
e. Operator's* Name & Title: Print/Type	Operator's Signature Date
f. Name and Address of Responsible Agency: USEPA Region II, Edison, Ne	
g.  Friable;  Non-triable;  Both  % friable	100 % nonfriable



If waste is asbestos waste, complete Sections I, II, III and IV.

If waste is NOT asbestos waste, complete only Sections I, II and III.

No.270549

Section I	GENERATOR (G	enerator completes all of Section I)
a. Generator Name:	USEPA Region II	b. Generating Location: Bossert Manufacturing Site
c. Address	9000 D 15 1 1	d. Address: 1002 Oswego Street
	Edison, New Jersey 08817	Utica, NY 13502
e. Phone No.:	732-591-2278	f. Phone No.: 315-734-1394
	ating facility differs from the generator, provide:	
g. Owner's Name:		h. Owner's Phone No.:
i. BFI WASTE CODE		TYPE  Containers  DM - METAL DRUM DP - PLASTIC DRUM B - BAG
j. Description of Was	ste: Non-Friable Asbestos	K. Quantity  Units No. TYPE  BA - 6 MIL. PLASTIC BAG  or WRAP  T - TRUCK O - OTHER
any applicable state applicable regulation Restrictions, I certify	RTIFICATION: I hereby certify that the above named material is a law, has been properly described, classified and packaged, his; AND, if the waste is a treatment residue of a previously and warrant that the waste has been treated in accordance with defined by 40 CFR Part 261.  A A A A A A A A A A A A A A A A A A A	and is in proper condition for transportation according to restricted hazardous waste subject to the Land Disposal Y - YARDS
Section II	TRANSPORTER (Generato	r complete a-d; Transporter I complete h-n )
	TRANSPORTER I	TRANSPORTER II
a. Name: Hazz	sat Environmental Group, Inc.	h. Name:
b. Address: 60 C	Commerce Drive	i. Address:
Buff	alo, NY 14218	
c. Driver Name/Title:	Lindley OHaus (DAINER)	j. Driver Name/Title:
d. Phone No.: 716-	-827-7200 e. Truck No.: 472-4	k. Phone No.: I. Truck No.:
f. Vehicle License No	1121 121 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	m. Vehicle License No./State:
Acknowledgeme	nt of Receipt of Materials.	Acknowledgement of Receipt of Materials.
g. Zanoluy Driver Signature	10 Haus 05 19 98	7 n.
Section III	Shipment Date  DESTINATION (Generator of	Driver Signature Shipment Date completes a-d, destination site completes a-f,)
a. Site Name: N1ag	ara Recycling, Inc.	c. Phone No.: _716-285-3344
b. Physical Address:	5600 Niagara Falls Blvd.	d. Mailing Address Same
	Niagara Fallu, NY 14304	
e. Discrepancy Indica	ution Space:	
I hereby certify that	t the above named material has been accepted and to the	ne best of my knowledge the foregoing is true and accurate.
f. Name of Authorized Ager	nt Signature	Receipt Date
Section IV	ASBESTOS (Generator o	omplete a-d, f, g, Operator* completes e.)
a. Operator's* Name:		b. Operator's* Phone No.: <u>604~354~643</u> 7
c. Operator's* Addres	ss: 2229 Tomlyun St., Richmond, Vir	
d. Special Handling Ir	nstructions and additional information:	
OPERATOR'S CERTIF packed, marked, and lat	ICATION: I hereby declare that the contents of this consignoeled, and are in all respects in proper condition for transport	nment are fully and accurately described above by proper shipping name and are classified by highway according to applicable, international and government regulations.
e. Operator's* Name		Operator's Signature Date
<ul> <li>Name and Address of Responsible Age</li> </ul>	HERDA Region II Fairen Por	
g. 🗌 Friable; 📜	Non-friable; Both % friable	00 % nonfriable

If waste is asbestos waste, complete Sections L.H. III and IV. If waste is <u>NOT</u> asbestos waste, complete only Sections I, II and III.

Section I GENERATOR (G	nenerator completes all of Section I)
a. Generator Name: USEPA Region II	b. Generating Location: Bossert Manufacturing Site
c. Address2890 Woodbridge	d. Address: 1002 Oswego Street
Edison, New Jersey 08817	Utica, NY 13502
	f. Phone No.: 315-734-1394
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name:	h. Owner's Phone No.:
i. BFI WASTE CODE	TYPE  Containers DM - METAL DRUM DP - PLASTIC DRUM
j. Description of Waste: Non-Friable Asbestos	k. Quantity Units No. TYPE B - BAG BA - 6 MIL. PLASTIC BAG
The state of the s	OOO30 W O I T O TRUCK
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is any applicable state law, has been properly described, classified and packaged, applicable regulations; AND, if the waste is a treatment residue of a previously Restrictions, I certify and warrant that the waste has been treated in accordance with hazardous waste as defined by 40 CFR Part 261.	is not a hazardous waste as defined by 40 CFR Part 261 or and is in proper condition for transportation according to restricted hazardous waste subject to the Land Piences!
Generator Authorized Agent Name  Signature  Signature	Shipment Date
Section II. TRANSPORTER (Generato	
TRANSPORTER I	TRANSPORTER II
A Name: Hazmat Environmental Group, Inc.	h. Name:
b. Address: 60 Commerce Drive	i. Address:
Buffalo, NY 14218	
c. Driver Name/Title: Line (DALVER)	
d. Phone No.: 716-827-7200 PRINT/TYPE e. Truck No.: 272-4	k. Phone No.: PRINT/TYPE
f. Vehicle License No./State: PX5496 (NV)	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
g. Limstey / O Hasa 05 19 98 Driver Signature Shipment Date	n
Section III DESTINATION (Generator or	empletes a-d, destination site completes e-f.)
a Site Name: Niagara Recycling, Inc.	c. Phone No:: _716-285-3344
b. Physical Address: 5600 Niagara Falls Blvd.	d. Mailing Address Same
Niagara Falls, NY 14304	
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the	e best of my knowledge the foregoing is true and accurate.
Rame of Authorized Agent Signature	1 051998 San6D
	implete a.d, f, g, Operator completes e.)
a. Operator's* Name: <u>FarthTech</u>	b. Operator's* Phone No.: 804-354-6437
c. Operator's Address: 2229 Tomlynn St., Richmond, Virg	
d. Special Handling Instructions and additional information:	
<u> </u>	ment are fully and accurately described above by proper shipping name and are classified, by highway according to applicable international and dovernment regulations
e. Operator's* Name & Title: Print/Type	DELIANO DELIAR
Name and Address of Responsible Agency: USEPA Region II, Edison, New J	Operator's Signature Date  Jersey 08817
	00 % nonfriable
Operator refers to the company which owns, leases, operates, controls, or supervises	the facility being demolished or renovated, or the demolition or renovation operation, or both.



If waste is asbestos waste, complete Sections I, II, III and IV.

No.270550

II waste is <u>NOT</u> aspestos waste	e, complete only Sections I, II and III.
Section I GENERATOR (G	enerator completes all of Section I)
a. Generator Name: USEPA Region II	b. Generating Location: Bossert Manufacturing Site
c. Address 2890 Woodbridge	d. Address: 1002 Oswego Street
Edison, New Jersey 08817	Utica, NY 13502
e. Phone No.: 732-591-2278	f. Phone No.: 315-734-1394
If owner of the generating facility differs from the generator, provide:	1. Thore wo
g. Owner's Name:	h. Owner's Phone No.:
PELWARTE CODE	TYPE I DA METAL DOUBLE
i. BFI WASTE CODE	Containers DM - METAL DRUM DP - PLASTIC DRUM
j. Description of Waste: Non-Priable Asbestos	k. Quantity Units No. TYPE BA - 6 MIL. PLASTIC BAG or WRAP
	T T TRUCK O - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is	
any applicable state law, has been properly described, classified and packaged, applicable regulations; AND, if the waste is a treatment residue of a previously	restricted hazardous waste subject to the Land Disposal Y - YARDS
Restrictions, I certify and warrant that the waste has been treated in accordance with hazardous waste as defined by 40 CFR Part 26	th the requirements of 40 CFR Part 268 and is no longer a M³ - CUBIC METERS  Y³ - CUBIC YARDS
JACK D. HARMON Jack D. Ha	OS1998
Generator Authorized Agent Name Signature	Shipment Date
Section II TRANSPORTER (Generato	<b>1</b>
TRANSPORTER I	TRANSPORTER II
a. Name: Hazmat Environmental Group, Inc.	h. Name:
b. Address: 60 Commerce Drive	i. Address:
Buffalo, NY 14218	
c. Driver Name/Title: MICHAEL HYERS	j. Driver Name/Title:
d. Phone No.: 716-827-7200 e. Truck No.: 35	k. Phone No.: I. Truck No.:
f. Vehicle License No./State:/5550p N 4.	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
g. Milder Myrs 51998 Shipment Date	n
Section III DESTINATION (Generator of	completes a.d. destination site completes e-f.)
a. Site Name: Niagara Recycling, Inc.	c. Phone No.: 716-285-3344
b. Physical Address: 5600 Niagara Falls Blvd.	d. Mailing AddressSame
Niagara Falls, NY 14304	<u> </u>
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the	he best of my knowledge the foregoing is true and accurate.
f. Name of Authorized Agent Signature	Receipt Date
Section IV ASBESTOS (Generator o	complete a-d, f. g, Operator* completes e.)
a. Operator's* Name: <u>EarthTech</u>	b. Operator's* Phone No.: 804-354-6437
c. Operator's Address: 2229 Tomlynn St., Richmond, Vi	rginia 23230
d. Special Handling Instructions and additional information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consigned packed, marked, and labeled, and are in all respects in proper condition for transport	nment are fully and accurately described above by proper shipping name and are classified, to highway according to applicable international and government regulations.
e. Operator's* Name & Title: Print/Type	Operator's Signature Date
f. Name and Address of Responsible Agency: USEPA Region II, Edison, New	
g. 🗌 Friable; 🎽 Non-friable; 🔲 Both % friable	% nonfriable



If waste is asbestos waste, complete Sections I, II, III and IV.

If waste is NOT asbestos waste, complete only Sections I, II and III.

	te, complete only Sections I, II and III.
	Generator completes all of Section ()
a. Generator Name: USEPA Region II	b. Generating Location: Bossert Manufacturing Site
c. Address 2890 Woodbridge	
Edison, New Jersey 08817	Utica, NY 13502
e. Phone No.: 732-591-2278	f. Phone No.: 315-734-1394
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name:	h. Owner's Phone No.:
i. BFI WASTE CODE	Containers DM - METAL DRUM DP - PLASTIC DRUM B - BAG
j. Description of Waste: Non-Friable Asbestos	k, Quantity Units No. TYPE BA - 6 MIL. PLASTIC BAG or WRAP
	DODSO Q D 1 T TRUCK OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named materia any applicable state law, has been properly described, classified and packaged applicable regulations; AND, if the waste is a treatment residue of a previousi Restrictions, I certify and warrant that the waste has been treated in accordance thazardous waste as defined by 40 CFR Part 26  ACIC D. H-ALMON  Generator Authorized Agent Name  Signature	d, and is in proper condition for transportation according to P - POUNDS  by restricted hazardous waste subject to the Land Disposal Y - YARDS
Section II TRANSPORTER (General	tor complete a-d; Transporter I complete e-g)
TRANSPORTER I	TRANSPORTER II
a Name: Hazmat Environmental Group, Inc.	h. Name:
b. Address: 60 Commerce Drive	i. Address:
Buffalo, NY 14218	
c. Driver Name/Title: MCHAEL MYERS PRINT/TYPE	j. Driver Name/Title: PRINT/TYPE
d. Phone No.: 716-827-7200 e. Truck No.: 35	k. Phone No.: I. Truck No.:
f. Vehicle License No./State: 15550 P. W.Y.	m. Vehicle License No./State:
g. My Shipment Date  Acknowledgement of Receipt of Materials.  [O 5   9   9   Shipment Date	Acknowledgement of Receipt of Materials.  n.  Driver Signature  Shipment Date
The state of the s	Driver Signature Shipment Date r completes a-d, destination site completes e-f.)
a. Site Name: Niagara Recycling, Inc.	c. Phone No.: 716-285-3344
b. Physical Address: <u>5600 Niagara Falls Blvd.</u>	d. Mailing Address Same
Niagara Falls, NY 14304	
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to	the best of my knowledge the foregoing is true and accurate.
f. PamScott Pam Scott Name of Authorized Agent Signature	t D51998 san6D
	complete a-d, f, g, Operator completes e.)
a. Operator's* Name:EarthTech	b. Operator's* Phone No.: 804-354-6437
c. Operator's Address: 2229 Tomlynn St., Richmond, V	
d. Special Handling Instructions and additional information:	
<b>OPERATOR'S CERTIFICATION:</b> I hereby declare that the contents of this consipacked, marked, and labeled, and are in all respects in proper condition for transpo	ignment are fully and accurately described above by proper shipping name and are classified, ort by highway according to applicable international and government regulations.
e. Operator's* Name & Title: Loko y Cassido y	SECTONO DELLERIBI
f. Name and Address of Responsible Agency: USEPA Region II, Edison, Ne	Operator's Signature Date
g. Friable; Non-friable; Both % friable	100 % nonfriable
* Operator refers to the company which owns, leases, operates, controls, or supervise	ses the facility being demolished or renovated, or the demolition or renovation operation, or both.



If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III

No. 270552

Section I	HCPDA D TT	Generator completes all of Section I)  b. Generating Location:  Bossert Manufacturing Site
a. Generator Name: _	0000 m 41 1	1002 0
c. Address	2890 Woodbridge	
	Edison, New Jersey 08817	Utica, NY 13502
e. Phone No.:		f. Phone No.: 315-734-1394
_	ting facility differs from the generator, provide:	
g. Owner's Name:		_ h. Owner's Phone No.:
i. BFI WASTE CODE		Containers DM - METAL DRUM DP - PLASTIC DRUM B - BAG
j. Description of Was	te: Non-Friable Asbestos	k. Quantity Units No. TYPE BA - 6 MIL. PLASTIC BAG or WRAP T - TRUCK O - OTHER
any applicable state applicable regulation Restrictions, I certify	RTIFICATION: I hereby certify that the above named material law, has been properly described, classified and packaged as; AND, if the waste is a treatment residue of a previously and warrant that the waste has been treated in accordance videfined by 40 CFR Part 261.  Agmos Signature	is not a hazardous waste as defined by 40 CFR Part 261 or It, and is in proper condition for transportation according to Ity restricted hazardous waste subject to the Land Disposal With the requirements of 40 CFR Part 268 and is no longer a  With the requirements of 40 CFR Part 268 and is no longer a  Y  CUBIC METERS  OUTLIFE
Section II	TRANSPORTER (General	tor complete a-d; Transporter I complete e-g Transporter II complete h-n
	TRANSPORTER I	TRANSPORTER II
a. Name: Haze	at Environmental Group, Inc.	h. Name:
b. Address: 60 C	ommerce Drive	i. Address:
Buff	alo, NY 14218	
c. Driver Name/Title:	HICHAEL HYERS	j. Driver Name/Title:
d. Phone No.: 716-	827-7200 PRINT/TYPE e. Truck No.: 135	k. Phone No.: Print/TYPE I. Truck No.:
	o/State: 15550 P (N.Y.)	m. Vehicle License No./State:
Acknowledgemen	fit of Receipt of Materials.	Acknowledgement of Receipt of Materials.
Briver Signature	Shipment Date	n
Section III	DESTINATION (Generator	completes a-d, destination site completes e-f.)
a. Site Name: <b>Niag</b>	ara Recycling, Inc.	c. Phone No.: 716-285-3344
b. Physical Address:	5600 Niagara Falls Blvd.	d. Mailing Address Same
	Niagara Falls, NY 14304	
e. Discrepancy Indicat	tion Space:	
I hereby certify that	the above named material has been accepted and to	the best of my knowledge the foregoing is true and accurate.
	·	
f. Name of Authorized Agent	t Signature	Receipt Date
Section IV		complete a-d, f, g, Operator* completes e.)
a. Operator's* Name:		b. Operator's* Phone No.: 804-354-6437
c. Operator's* Address	s: 2229 Tomlynn St., Richmond, Vi	
d. Special Handling In	structions and additional information:	
OPERATOR'S CERTIFIC packed, marked, and lab	CATION: I hereby declare that the contents of this consiqueled, and are in all respects in proper condition for transpo	gnment are fully and accurately described above by proper shipping name and are classified rt by highway according to applicable international and government regulations.
e. Operator's* Name 8	k Title: Print/Type	Operator's Signature Date
<ul> <li>Name and Address of Responsible Age</li> </ul>	HEDDA Boodon II Paleon No.	
g. 🗌 Friable; 🛅 N	Non-friable; Both % friable	% nonfriable





If waste is asbestos waste, complete Sections I, II, III and IV.

If waste is NOT asbestos waste, complete only Sections I, II and III.

No.270552

	, complete only Sections I, II and III.
	enerator completes all of Section 1)
a. Generator Name: USEPA Region II	b. Generating Location: Bossert Manufacturing Site
c. Address 2890 Woodbridge	d. Address: 1002 Oswego Street
Edison, New Jersey 08817	Utica, NY 13502
e. Phone No.: 732-591-2278	f. Phone No.: 315-734-1394
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name:	h. Owner's Phone No.:
i. BFI WASTE CODE	Containers DM - METAL DRUM DP - PLASTIC DRUM B - RAG
j. Description of Waste: Non-Friable Asbestos	or WRAP
	s not a hazardous waste as defined by 40 CFR Part 261 or UNITS
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is any applicable state law, has been properly described, classified and packaged, applicable regulations; AND, if the waste is a treatment residue of a previously Restrictions, I certify and warrant that the waste has been treated in accordance with hazardous waste as defined by 40 CFR Part 261.	and is in proper condition for transportation according to P POUNDS  restricted hazardous waste subject to the Land Disposal Y - YARDS
JACK D. HARMON Jack D. M. Generator Authorized Agent Name Signature	Shipment Date
Section II	
TRANSPORTER I	TRANSPORTER II
a. Name: Hazmat Environmental Group, Inc.	h. Name:
b. Address: 60 Commerce Drive	i. Address:
Buffalo, NY 14218	
c. Driver Name/Title: MICHAEL HYERS	i Driver Nemer Title
d. Phone No.: 716-827-7200 PRINT/TYPE e. Truck No.: 135	j. Driver Name/Title:  PRINT/TYPE
	k. Phone No.:
f. Vehicle License No./State: 15550 P (N.Y.)  Acknowledgement of Region of Materials.	m. Vehicle License No./State: Acknowledgement of Receipt of Materials.
· Merchael St- Mercy 05209	8 n
Briver Signature Section III DESTINATION (Generator	Driver Signature Shipment Date  completes a-d, destination site completes e-f.)
a Site Name: Niagara Recycling, Inc.	c. Phone No.: 716-285-3344
b. Physical Address: 5600 Niagara Falls Blvd. Niagara Falls, NY 14304	d. Mailing Address Same
Niagata Falls, Ni 14304	
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to t	ne best of my knowledge the foregoing is true and accurate.
f. PamScott Pam Acc	DS 2098 Son6D
Section IV ASBESTOS (Generator of	complete a-d, f, g, Operator completes e.)
a. Operator's* Name: <u>EarthTech</u>	b. Operator's* Phone No.: 804-354-6437
c. Operator's Address 2229 Tomlynn St., Richmond, Vi	rginia 23230
d. Special Handling Instructions and additional information:	
<b>OPERATOR'S CERTIFICATION:</b> I hereby declare that the contents of this consig packed, marked, and labeled, and are in all respects in proper condition for transpor	nment are fully and accurately described above by proper shipping name and are classified, t by highway according to applicable international and government regulations.
e. Operator's* Name & Title: Print/Type	2M SCODIES OBRORN
f. Name and Address of Responsible Agency: USEPA Region II, Edison, New	Jersey 08817
	100 % nonfriable



If waste is asbestos waste, complete Sections I, II, III and IV.

No 270551

	te, complete only Sections I, II and III.
Section I GENERATOR (	Generator completes all of Section 1)
a. Generator Name: USEPA Region II	b. Generating Location: Bossert Manufacturing Site
c. Address 2890 Woodbridge	d. Address: 1002 Ogwego Street
Edison, New Jersey 08817	Utica, NY 13502
e. Phone No.: 732-591-2278	f. Phone No.: 315-734-1394
If owner of the generating facility differs from the generator, provide:	market.
g. Owner's Name:	
i. BFI WASTE CODE  Non-Friable Asbestos	TYPE  Containers  DM - METAL DRUM DP - PLASTIC DRUM B - BAG
j. Description of Waste: RON-FILABLE ASBESTOS	K. Quantity Units No. TYPE BA - 6 MIL. PLASTIC BAG or WRAP T - TRUCK O - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material any applicable state law, has been properly described, classified and packaged applicable regulations; AND, if the waste is a treatment residue of a previously Restrictions, I certify and warrant that the waste has been treated in accordance whazardous waste as defined by 40 CFR Part 261.  Generator Authorized Agent Name	If, and is in proper condition for transportation according to a y restricted hazardous waste subject to the Land Disposal with the requirements of 40 CFR Part 268 and is no longer a Shipment Date  P - POUNDS Y - YARDS M³ - CUBIC METERS Y³ - CUBIC YARDS O - OTHER
Section II TRANSPORTER (General	tor complete a-d: Transporter I complete e-g:
TRANSPORTER I	TRANSPORTER II
a. Name:Hazmat Environmental Group, Inc.	h. Name:
b. Address:60 Commerce Drive	j. Address:
Buffalo, NY 14218	<u> </u>
c. Driver Name/Title: TIMOTHY J. O'HARA (DA)	j. Driver Name/Title:
d. Phone No.: 716-827-7200 e. Truck No. 272-4	k. Phone No.: I. Truck No.:
f. Vehicle License No./State: 14 (1/1) Acknowledgement of Receipt of Materials.	m. Vehicle License No./State:  Acknowledgement of Receipt of Materials.
2 2 10 Huy 05 209	n.
Driver Signature Shipment Date Section, III DESTINATION (Generator	Driver Signature Shipment Date completes a-d, destination site completes e-f.)
a. Site Name: Niagara Recycling, Inc.	c. Phone No.: 716-285-3344
b. Physical Address: 5600 Niagara Falls Blvd.	d. Mailing Address Same
Niagara Falls, NY 14304	u. Walling Address
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to	the best of my knowledge the foregoing is true and accurate
,	The state of the s
f. Name of Authorized Agent Signature	
	Receipt Date  complete a.d. f, g, Operator* completes e.)
a. Operator's* Name: <u>EarthTech</u>	b. Operator's* Phone No.: 304-354-6437
c. Operator's Address: 2229 Tomlynn St., Richaond, V.	
d. Special Handling Instructions and additional information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignacked, marked, and labeled, and are in all respects in proper condition for transport	gnment are fully and accurately described above by proper shipping name and are classified, it by highway according to applicable international and government regulations.
e. Operator's* Name & Title: Print/Type	Operator's Signature Date
Name and Address of Responsible Agency: USEPA Region II, Edison, New	
g.  Friable;  Non-friable;  Both  % friable	100 % nonfriable

Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.



If waste is asbestos waste, complete Sections I, II, III and IV.

If waste is NOT asbestos waste, complete only Sections I, II and III.

1	tenerator completes all of Section I)
a Generator Name: USEPA Region II	b. Generating Location: Bossert Manufacturing Site
å Address 2890 Woodbridge	d. Address: 1002 Oswego Street
Edison, New Jersey 08817	Utica, NY 13502
e. Phone No.: 732-591-2278	f. Phone No.: 315-734-1394
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name:	h. Owner's Phone No.:
i. BFI WASTE CODE	Containers DM - METAL DRUM DP - PLASTIC DRUM B - BAG
j. Description of Waste: Non-Friable Asbestos	k. Quantity Units No. TYPE BA -6 MIL. PLASTIC BAG
	OOOBO Y 0 1 T T TRUCK
GENERATOR'S GERTIFICATION: 1 hereby certify that the above named material	
any applicable state law, has been properly described, classified and packaged, applicable regulations; AND, if the waste is a treatment residue of a previously Restrictions, I certify and warrant that the waste has been treated in accordance whazardous waste as defined by 40 CFR Part 261.  ACIC D LIARMON	restricted hazardous waste subject to the Land Disposal Y - YARDS
Generator Authorized Agent Name Signature	Shipment Date
Section II TRANSPORTER (Generate	or complete a-d. Transporter I complete e-g.)
, TRANSPORTER I	TRANSPORTER II
a Name: Hazmat Environmental Group, Inc.	h. Name:
b Address 60 Commerce Drive	i. Address:
Buffalo, NY 14218	
Driver Name/Title: TIMOTHY J. OHARA (Den	j: Driver Name/Title:
d. Phone No.: 716-827-7200 PRINT/TYPE e. Truck No. 272-4	k. Phone No.:
f. Vehicle License No./State: PX 5496 (NY)	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
g. And JOHang 05209	n. Driver Signature Shipment Date
Section III DESTINATION (Generator	completes a-d, destination site completes e-f.)
a. Site Name: Niagara Recycling, Inc.	c. Phone No.: 716-285-3344
	d. Mailing Address Same
Niagara Falls, NY 14304	
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to t	he best of my knowledge the foregoing is true and accurate.
Pom Scott Pom Sco	tt 052098 san6D
	complete a-d, f, g, Operator completes e.)
a. Operator's* Name: <u>EarthTech</u>	b. Operator's* Phone No.: _804-354-6437
c. Operator's Address: 2229 Tomlynn St., Richmond, Vi	
d. Special Handling Instructions and additional information:	
	nment are fully and accurately described above by proper shipping name and are classified,
e. Operator's* Name & Title: Leso, Cass, Ce.	RN BOLEONADO OKIZDIGIS
f. Name and Address of Responsible Agency: USEPA Region II, Edison, Nev	Jersey 08817
	100% nonfriable t

If waste is asbestos waste, complete Sections I, II, III and IV.

No 270553

If waste is NOT asbestos wast	e, complete only Sections I, II and III.
Section I GENERATOR (6	Generator completes all of Section I)
a. Generator Name: USEPA Region II	b. Generating Location: Bossert Manufacturing Site
c. Address 2890 Woodbridge	d. Address: 1002 Ogwego Street
Edison, New Jersey 08817	Utica, NY 13502
	f. Phone No.: 315-734-1394
If owner of the generating facility differs from the generator, provide:	The field Ho.
g. Owner's Name:	h. Owner's Phone No.:
i. BFI WASTE CODE	Containers DM - METAL DRUM DP - PLASTIC DRUM B - BAG
j. Description of Waste: <b>Kon-Friable Asbestos</b>	K. Quantity  Units  No. TYPE  BA - 6 MIL. PLASTIC BAG  or WRAP  T - TRUCK  O - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material any applicable state law, has been properly described, classified and packaged applicable regulations; AND, if the waste is a treatment residue of a previously Restrictions, I certify and warrant that the waste has been treated in accordance whazardous waste as defined by 40 CFR Part 261.  Generator Authorized Agent Name  Signature	, and is in proper condition for transportation according to prestricted hazardous waste subject to the Land Disposal with the requirements of 40 CFR Part 268 and is no longer a yard of the condition of transportation according to prestricted hazardous waste subject to the Land Disposal yard of the condition of transportation according to preserve the condition of transportation according to preserve the condition of transportation according to preserve the condition of transportation according to preserve the condition of transportation according to preserve the condition of transportation according to preserve the condition of transportation according to preserve the condition of transportation according to preserve the condition of transportation according to preserve the condition of transportation according to preserve the condition of transportation according to preserve the condition of transportation according to preserve the condition of transportation according to the condition of transportation according to the condition of transportation according to the condition of transportation according to the condition of transportation according to the condition of transportation according to the condition of transportation according to the condition of transportation according to the condition of transportation according to the condition of transportation according to the condition of transportation according to the condition of transportation according to the condition of transportation according to the condition according to the
Section II TRANSPORTER (Generate	or complete a-d; Transporter I complete a-g )
TRANSPORTER I	TRANSPORTER II
a. Name: Hazmat Environmental Group, Inc.	h. Name:
b. Address: 60 Commerce Drive	i. Address:
Buffalo, NY 14218	
c. Driver Name/Title: TIMOTHY J. O'HARA (DAIL	j. Driver Name/Title:
d. Phone No.: 716-827-7200 PRINT/TYPE e. Truck No.: LN-4	
f. Vehicle License No./State: PX 5 4 96 (NY)  Acknowledgement of Receipt of Materials.	m. Vehicle License No./State:  Acknowledgement of Receipt of Materials.
g. Smothy J. O. Hara 05219	n
Section III DESTINATION (Generator	completes a-d, destination site completes e-f.)
a. Site Name: Niagara Recycling, Inc.	c. Phone No.: 716-285-3344
b. Physical Address: 5600 Niagara Falls Blvd.	d. Mailing Address Same
Niegara Falls, NY 14304	
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to t	the best of my knowledge the foregoing is true and accurate.
Name of Authorized Agent Signature	Receipt Date
Section IV ASBESTOS (Generator of	complete a-d-f, g, Operator completes e.)
a. Operator's* Name: EarthTech	b. Operator's* Phone No.: 804-354-6437
c. Operator's Address: 2229 Tomlyon St., Richmond, Vin	rginia 23230
d. Special Handling Instructions and additional information:	
<b>OPERATOR'S CERTIFICATION:</b> I hereby declare that the contents of this consig packed, marked, and labeled, and are in all respects in proper condition for transpor	nment are fully and accurately described above by proper shipping name and are classified, t by highway according to applicable international and government regulations.
e. Operator's* Name & Title: Print/Type  f. Name and Address	St. 1 De Date Date
f. Name and Address of Responsible Agency: USEPA Region II, Edison, New	Jersey 08817
g. 🗌 Friable; Thon-friable; 🔲 Both % friable	% nonfriable



If waste is asbestos waste, complete Sections I, II, III and IV.

If waste is NOT asbestos waste, complete only Sections I, II and III.

Section I		te; complete only Sections I, II and III.
*	USEPA Region II	
•		b. Generating Location: Bossert Manufacturing Site
c. Address	2890 Woodbridge	d. Address:1002 Oswego Street
	Edison, New Jersey 08817	Utica, NY 13502
e. Phone No.:		f. Phone No.: 315-734-1394
	ting facility differs from the generator, provide:	
g. Owner's Name:		h. Owner's Phone No.:
i. BFI WASTE CODE		Containers DM - METAL DRUM DP - PLASTIC DRUM B - BAG
j. Description of Was	te: Non-Friable Asbestos	k. Quantity Units No. TYPE BA - 6 MIL PLASTIC BAG
·	The same of the same of the same of	ODOSO Q D 1 T TO TRUCK WHAT
any applicable state applicable regulations. Restrictions, I certify hazardous waste as	RTIFICATION: I hereby certify that the above named material law, has been properly described, classified and packaged, s; AND, If the waste is a treatment residue of a previously and warrant that the waste has been treated in accordance with defined by 40 CFR Part 26	, and is in proper condition for transportation according to P - POUNDS
	TRANSPORTER (Generati	
	TRANSPORTER I	TRANSPORTER II
a. Name: Hazma	at Environmental Group, Inc.	h. Name:
	ommerce Drive	i. Address:
	alo, NY 14218	
c. Driver Name/Title: _		- Way
•	PRINT/TYPE A	0000000
d. Phone No.: 716-8		
	/State: PX5496 (NY) It of Receipt of Materials.	m. Vehicle License No./State:
		Acknowledgement of neceipt of materials.
g. Driver Signature	1,0 Hay 052198 Shipment Date	n. Driver Signature Shipment Date
Section III		Completes a.d. destination site completes a-f.)
a. Site Name: <u><b>Niag</b>a</u>	ara Recycling, Inc.	c. Phone No.: 716-285-3344
o. Physical Address:	5600 Niagara Falls Blvd.	d. Mailing Address Same
	Niagara Falls, NY 14304	
÷ e. Discrepancy Indicati		
		he best of my knowledge the foregoing is true and accurate.
· Pams	Scott Pam Sc	ott 052198 san60
*Name of Authorized Agent Section IV	Signature	Receipt Date
		complete a-d, f, g, Operator* completes e:)
a. Operator's* Name: _		b. Operator's* Phone No.: 804-354-6437
c. Operator's* Address	2229 Tomlynn St., Richmond, Vin	rginia 23230
d. Special Handling Ins	structions and additional information:	
OPERATOR'S CERTIFIC backed, marked, and laborated	CATION: I hereby declare that the contents of this consigned, and are in all respects in proper condition for transport	nment are fully and accurately described above by proper shipping name and are classified, t by highway according to applicable international and government regulations.
e. Operator's* Name &	Title: Print/Type	DE Date Date
<ul><li>Name and Address</li><li>of Responsible Ager</li></ul>		Control of the second s
g. 🗌 Friable; 🏝 N	lon-friable; Both % friable	100 % nonfriable

Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.



If waste is asbestos waste, complete Sections I, II, III and IV.

	if waste is <u>NOT</u> aspestos was	iste, complete only Sections I, II and III.
Section I	GENERATOR	(Generator completes all of Section I)
a. Generator Name: _	USEPA Region II	b. Generating Location: Bossert Manufacturing Site
c. Address	2890 Woodbridge	1002 Common Chroat
	Edison, New Jersey 08817	Utica, NY 13502
e. Phone No.:	732-591-2278	f. Phone No.: 315-734-1394
	ating facility differs from the generator, provide:	
g. Owner's Name:		h. Owner's Phone No.:
i. BFI WASTE CODE		TYPE  Containers DM - METAL DRUM DP - PLASTIC DRUM
j. Description of Was	Non-Friable Asbestos	k. Quantity Units No. TYPE B - BAG OF WRAP
		DOOS U D I T TO TRUCK
any applicable state applicable regulation Restrictions, I certify	e law, has been properly described, classified and packagens; AND, If the waste is a treatment residue of a previous and warrant that the waste has been treated in accordance defined by 40 CFR Part 261.	ial is not a hazardous waste as defined by 40 CFR Part 261 or ed, and is in proper condition for transportation according to sly restricted hazardous waste subject to the Land Disposal with the requirements of 40 CFR Part 268 and is no longer a shift the requirements of 40 CFR Part 268 and is no longer a Shipment Date    VINITS   P - POUNDS   Y - YARDS   P - YARDS
Section II	TRANSPORTER (Géner	rator complete a-d, Transporter i complete e-g )
	TRANSPORTER I	TRANSPORTER II
a. Name: Hazo	nat Environmental Group, Inc.	h. Name:
b. Address: 60 C	lommerce Drive	i. Address:
Buff	Calo, NY 14218	
c. Driver Name/Title:	MICHAEL G MYERS	j. Driver Name/Title:
d. Phone No.: 716-	-827-7200 PRINT/TYPE e. Truck No.: 135	PRINT/TYPE   k. Phone No.:
	o./State: 15550 P (N.Y.)	m. Vehicle License No./State:
	nt of Receipt of Materials.	Acknowledgement of Receipt of Materials.
g. Driver Signature	1. Myces 35219 Shipment Date	n
Section III	DESTINATION (Generato	or completes a.d, destination site completes e-f,)
a. Site Name: Niag	ara Recycling, Inc.	c. Phone No.: 716-285-3344
b. Physical Address:	5600 Niagara Falls Blvd.	d. Mailing AddressSame
	Niagara Falls, NY 14304	
e. Discrepancy Indica	tion Space:	
I hereby certify that	the above named material has been accepted and to	o the best of my knowledge the foregoing is true and accurate.
	and the second s	·· · · · · · · · · · · · · · · · · · ·
f. Name of Authorized Agen	nt Signature	Receipt Date
Section IV	ASBESTOS (Generato	or complete a-d, f, g, Operator* completes e.)
a. Operator's* Name:		b. Operator's* Phone No.: <u>804-354-6437</u>
c. Operator's* Address	s: 2229 Tomlynn St., Richmord, V	irginia 23230
d. Special Handling In	structions and additional information:	
OPERATOR'S CERTIFIC packed, marked, and lab	CATION: I hereby declare that the contents of this considered, and are in all respects in proper condition for transp	signment are fully and accurately described above by proper shipping name and are classified, ort by highway according to applicable international and govenment regulations.
e. Operator's* Name 8	Print/Type	Operator's Signature Date
<ul> <li>Name and Address of Responsible Age</li> </ul>	HERDA Doctor IT Patron No.	w Jersey 08817
72	Non-friable; Both % friable	% nonfriable
	****	

Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.



If waste is asbestos waste, complete Sections I, II, III and IV.

If waste is NOT asbestos waste, complete only Sections I, II and III.

II waste is <u>NOT</u> aspestos waste	s, complete only Sections I, it and III.
Section I GENERATOR (c	enerator completes all of Section I)
a, Generator Name: USEPA Region II	b. Generating Location: Bossert Manufacturing Site
c. Address 2890 Woodbridge	d. Address: 1002 Oswego Street
Edison, New Jersey 08817	Utica, NY 13502
e. Phone No.: 732-591-2278	f. Phone No.: 315-734-1394
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name:	h. Owner's Phone No.:
i. BFI WASTE CODE	Containers DM - METAL DRUM DP - PLASTIC DRUM
j. Description of Waste: Non-Friable Asbestos	k. Quantity Units No. TYPE B - BAG OF WRAP
and the second of the second o	
GENERATOR'S CERTIFICATION: I hereby certify that the above named material any applicable state law, has been properly described, classified and packaged, applicable regulations; AND, if the waste is a treatment residue of a previously Restrictions, I certify and warrant that the waste has been treated in accordance whazardous waste as defined by 40 CFR Part 261.  JACK D. HALMON	and is in proper condition for transportation according to restricted hazardous waste subject to the Land Disposal Y - YARDS
Generator Authorized Agent Name Signature	Shipment Date
Section II TRANSPORTER (Generality TRANSPORTER)	or complete a-d, Transporter I complete e-g ) Transporter II complete h-n ) TRANSPORTER II
a. Name: Hazmat Environmental Group, Inc.	h. Name:
b_Address: 60 Commerce Drive	i. Address:
Buffalo, NY 14218	<u> </u>
c. Driver Name/Title: MICHAEL G MYERS PRINT/TYPE	j. Driver Name/Title: PRINT/TYPE
d. Phone No.: 716-827-7200 e. Truck No.: 135	k. Phone No.: I. Truck No.:
f. Vehicle License No./State: 15550 P (N.Y.)	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.  g	Acknowledgement of Receipt of Materials.  n.  Driver Signature  Shipment Date
Section III DESTINATION (Generator	completes-a-d, destination site completes e-f.)
a. Site Name: Niagara Recycling, Inc.	c. Phone No.: 716-285-3344
b. Physical Address: 5600 Niagara Falls Blvd.	d. Mailing Address Same
Niagara Falls, NY 14304	
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to t	he best of my knowledge the foregoing is true and accurate.
Pam Scott Pam Scott Name of Authorized Agent Signature	551198 san 6D
Section IV ASBESTOS (Generator of	complete a-d, f, g, Operator completes e.)
a. Operator's* Name: <u>FarthTech</u>	b. Operator's* Phone No.: 804-354-6437
c. Operator's Address: 2229 Tomlynn St., Richmond, Vi	rginia 23230
d. Special Handling Instructions and additional information:	
<b>OPERATOR'S CERTIFICATION:</b> I hereby declare that the contents of this consig packed, marked, and labeled, and are in all respects in proper condition for transpor	nment are fully and accurately described above by proper shipping name and are classified, t by highway according to applicable international and government regulations.
e. Operator's* Name & Title: LeRoy Cossion Print/Type	M SCOOLE DEAVERS
f. Name and Address of Responsible Agency: USEPA Region II, Edison, New	
g.  Friable;  Non-friable;  Both % friable	100 % nonfriable
* Operator refers to the company which owns, leases, operates, controls, or supervise	s the facility being demolished or renovated, or the demolition or renovation operation, or both.



If waste is asbestos waste, complete Sections I, II, III and IV.

No 270555

	If waste is NOT asbestos waste,	, complete only Sections I, II and III.
Section I	GENERATOR (Ge	enerator completes all of Section I)
a. Generator Name:	USEPA Region II	b. Generating Location: Bossert Hanufacturing Site
c. Address	1000 tinalbuddan	d. Address: 1002 Oswego Street
c. Address	Edison, New Jersey 08817	Utica, NY 13502
	300 FOL 0070	f Phone No. 315-734-1394
C. 1 HOHE 110	ating facility differs from the generator, provide:	f. Phone No.: 313-734-1334
g. Owner's Name:		h. Owner's Phone No.:
g. Owner's Name.		TYPE
i. BFI WASTE CODE		Containers DM - METAL DRUM DP - PLASTIC DRUM
j. Description of Was		k. Quantity Units No. TYPE BA - 6 MIL. PLASTIC BAG or WRAP
		T - TRUCK O - OTHER
	RTIFICATION: I hereby certify that the above named material is a law, has been properly described, classified and packaged, a	
applicable regulation	ns; AND, if the waste is a treatment residue of a previously i	restricted hazardous waste subject to the Land Disposal Y - YARDS
hazardous waste as	y and warrant that the waste has been treated in accordance with defined by 40 CFR Part 261.	th the requirements of 40 CFR Part 268 and is no longer a M³ - CUBIC METERS Y³ - CUBIC YARDS
JACK D.	HARMON Sack D. Ha	
Generator Authorize		Shipment Date
Section II	TRANSPORTER (Generator	r complete a-d; Transporter II complete e-g
	TRANSPORTER I	TRANSPORTER II
a. Name: Hazm	nat Environmental Group, Inc.	h. Name:
b. Address: 60 C	Commerce Drive	i. Address:
	alo, NY 14218	
a. Driver Name (Title)	TIMOTHY J. OHARA (BOINE)	<u> </u>
	-827-7200 PRINT/TYPE e. Truck No.: #772-9	k. Phone No.:
f. Vehicle License No	o./State: <u>Px5496(NV)</u>	m. Vehicle License No./State:
Acknowledgeme	ent of Receipt of Materials.	Acknowledgement of Receipt of Materials.
g. Driver Signature	10thang 052798	n
Section III	Shipment Date  DESTINATION (Generator or	Driver Signature Shipment Date  Ompletes a-d, destination site completes e-f.)
a Site Name: Niag	gara Recycling, Inc.	716_785_3344
	5600 Niagara Falls Blvd.	Same
b. Physical Address:	Niagara Falls, NY 14304	d. Mailing Address
	Transport Durant III 17474	
e. Discrepancy Indica	•	
I hereby certify that	t the above named material has been accepted and to th	ne best of my knowledge the foregoing is true and accurate.
on tree of the sound was a w		
Name of Authorized Ager	nt Signature	Receipt Date
Section IV	ASBESTOS (Generator co	omplete a.d., i.g. Operator* completes e.)
a. Operator's* Name:	EarthTech	b. Operator's* Phone No.: 604-354-6437
c. Operator's* Addres	ss: 2229 Tomlynn St., Richmond, Vir	ginia 23230
d. Special Handling In	nstructions and additional information:	
OPERATOR'S CERTIFI backed, marked, and lab	ICATION: I hereby declare that the contents of this consignition beled, and are in all respects in proper condition for transport	ment are fully and accurately described above by proper shipping name and are classified, by highway according to applicable international and government regulations.
e. Operator's* Name 8	the state of the s	N STATES OF STATES
<ol> <li>Name and Address of Responsible Age</li> </ol>	UDEFA KERION II. KAIRON. New .	Jersey 08817
🔻		% nonfriable



If waste is asbestos waste, complete Sections I, II, III and IV.

No.270555

Section I GENERATOR (Gene	
	erator completes all of Section I)  Consenting Leastern Bossert Manufacturing Site
	. Generating Location:
	Address: 1002 Oswego Street
Edison, New Jersey 08817	Utica, NY 13502
e. Phone No.: 732-591-2278 f.	Phone No.: 315-734-1394
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name: h.	. Owner's Phone No.:
i. BFI WASTE CODE  Non-Friable Asbestos	Containers  DM - METAL DRUM DP - PLASTIC DRUM B - BAG
). Description of waste.	K. Quantity  Units No. TYPE BA - 6 MIL. PLASTIC BAG or WRAP  T - TRUCK O - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not any applicable state law, has been properly described; classified and packaged, an applicable regulations; AND, if the waste is a treatment residue of a previously reservoirions, I certify and warrant that the waste has been treated in accordance with the hazardous waste as defined by 40 CFR Part 26T.  JACK D. HARMON	d is in proper condition for transportation according to P - POUNDS stricted hazardous waste subject to the Land Disposal Y - YARDS
Generator Authorized Agent Name Signature	Shipment Date
Section II TRANSPORTER (Generator of	Transporter I complete e-g ) Implete a-d, Transporter II complete h-n )
TRANSPORTER I	TRANSPORTER II
a Name: Hazmat Environmental Group, Inc.	h. Name:
b. Address: 60 Commerce Drive	i. Address:
Buffalo, NY 14218	. Address:
c. Driver Name/Title: IMOTHY J. OHARA (DQIVER)	j. Driver Name/Title:
d. Phone No.: 716-827-7200 e. Truck No.: 772-4	k. Phone No.:
f. Vehicle License No./State: PX5 496 (NY)	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
9 fants 1.0 Hara 052798	n
Section III DESTINATION (Generator com	Driver Signature Shipment Date  pletes a-d, destination site completes e-f.)
a. Site Name: Niagara Recycling, Inc.	_ c. Phone No.: 716-285-3344
b. Physical Address: 5600 Niagara Falls Blvd.	d. Mailing AddressSame
Niagara Falls, NY 14304	
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the	pest of my knowledge the foregoing is true and accurate.
f. Pam Scott Pom Scott Name of Authorized Agent Signature	052798 san6D
Section IV ASBESTOS (Generator com	plete a-d,1,g, Operator completes e.)
a. Operator's* Name: <u>EarthTech</u>	b. Operator's* Phone No.: 804-354-6437
ca Operator's Address: 2229 Tomlynn St., Richmond, Virg.	•
d. Special Handling Instructions and additional information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignme packed, marked, and labeled, and are in all respects in proper condition for transport by	ent are fully and accurately described above by proper shipping name and are classified, highway according to applicable international and government regulations.
e. Operator's* Name & Title: Print/Type	Speratori Signature Date
f. Name and Address of Responsible Agency: USEPA Region II, Edison, New Jo	ersey 08817
g. 🗌 Friable; 🛣 Non-friable; 🔲 Both % friable 100	0 % nonfriable
* Operator refers to the company which owns, leases, operates, controls, or supervises th	e facility being demolished or renovated, or the demolition or renovation operation, or both.



If waste is asbestos waste, complete Sections I, II, III and IV.

... No.270557

	If waste is <u>NOT</u> asbestos was	ste, complete only Sections I, II and III.
Section I	GENERATOR	(Generator completes all of Section I)
a. Generator Name:	USEPA Region II	b. Generating Location: Bossert Manufacturing Site
c. Address	2890 Woodbridge	d. Address:1002 Oswego Street
	Edison, New Jersey 08817	Utica, NY 13502
e. Phone No.:	732-591-2278	f. Phone No.:315-734-1394
	ating facility differs from the generator, provide:	
g. Owner's Name:		_ h. Owner's Phone No.:
i. BFI WASTE CODI		TYPE Containers DM - METAL DRUM
	Non-Friable Asbestos	DP - PLASTIC DRUM B - BAG
j. Description of Was	ste: Mon-111ab1t Raboute	k. Quantity Units No. TYPE BA - 6 MIL. PLASTIC BAG
		OOOSO G 1 T TRUCK O STHER
any applicable state applicable regulation Restrictions, I certify	e law, has been properly described, classified and package ns; AND, If the waste is a treatment residue of a previous y and warrant that the waste has been treated in accordance defined by 40 CFR Part 261.	al is not a hazardous waste as defined by 40 CFR Part 261 or ed, and is in proper condition for transportation according to ed, and is in proper condition for transportation according to ed, and is in proper condition for transportation according to ed, and is in proper condition for transportation according to ed. (a) P - POUNDS  Y - YARDS  M³ - CUBIC METERS  Y³ - CUBIC YARDS  O - OTHER
Section II	TRANSPORTER (General	etor complete aud. Transporter Lcomplete e-g
and the second s	TRANSPORTER I	TRANSPORTER II
a. Name: Haz	mat Environmental Group, Inc.	h. Name:
b. Address: 60	Commerce Drive	i. Address:
Buf	falo, NY 14218	
c. Driver Name/Title:		j. Driver Name/Title:
d. Phone No.: 716	-827-7200 PRINT/TYPE e. Truck No.: 56	k. Phone No.: Print/Type I. Truck No.:
f. Vehicle License No	o./State: PC9875 W   11205 Du nt of Receipt of Materials.	
	1 Bour 05289	<b>E</b> n
Section III	Shipment Date  DESTINATION (Generato	Driver Signature Shipment Date Proompletes a-d, destination site completes e-f.)
a. Site Name: W1a	gara Recycling, Inc.	c. Phone No.: 716-285-3344
b. Physical Address:	5600 Niagara Falls Blvd.	d. Mailing Address Same
,	Niagare Falls, NY 14304	d. Maining / dutoby
e. Discrepancy Indica	tion Space:	
		the best of my knowledge the foregoing is true and accurate.
f. Name of Authorized Ager	nt Signature	Receipt Date
Section IV		Complete a-d, (, g, Operator completes e.)
a. Operator's* Name:	EarthTech	b. Operator's* Phone No.: 804-354-6437
c. Operator's* Addres	s: 2229 Tomlynn St., Richmond, V	
d. Special Handling In	nstructions and additional information:	
OPERATOR'S CERTIFI packed, marked, and lab	CATION: I hereby declare that the contents of this considered, and are in all respects in proper condition for transpo	ignment are fully and accurately described above by proper shipping name and are classified, ort by highway according to applicable international and government regulations.
e. Operator's* Name 8	& Title: ACON CONSTRUCTION	Operator's Signature Date
<ul> <li>Name and Address of Responsible Age</li> </ul>	USEPA Region II. Edison, No	ew Jersey 08817
g. 🗌 Friable; 📑 r	Non-friable; Both % friable	100 % nonfriable



If waste is asbestos waste, complete Sections I, II, III and IV.

If waste is NOT asbestos waste, complete only Sections I. II and III.

No.270557

II Waste is <u>NOT</u> aspestos was	to, complete only coolers i, if the in.
Section I GENERATOR	Generator completes all of Section I)
a. Generator Name: USEPA Region II	b. Generating Location: Bossert Manufacturing Site
c. Address 2890 Woodbridge	d. Address: 1002 Oswego Street
Edison, New Jersey 08817	Utica, NY 13502
e. Phone No.: 732-591-2278	f. Phone No.: 315-734-1394
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name:	h: Owner's Phone No.:
i. BFI WASTE CODE	TYPE  Containers  DM - METAL DRUM DP - PLASTIC DRUM B - BAG
j. Description of Waste: Non-Friable Asbestos	k Quantity Units No. TYPE BA - 6 MIL PLASTIC BAG
	OOSO R O 1 T T THEK
GENERATOR'S CERTIFICATION: I hereby certify that the above named material any applicable state law, has been properly described, classified and packaged applicable regulations; AND, if the waste is a treatment residue of a previous Restrictions, I certify and warrant that the waste has been treated in accordance waste of the part of the par	I, and is in proper condition for transportation according to P - POUNDS  y restricted hazardous waste subject to the Land Disposal Y - YARDS
	Transporter I complete e-g  tor complete a-d; Transporter II complete h-n
TRANSPORTER I	TRANSPORTER II
a Name: Hazmat Environmental Group, Inc.	tara di Managaran di Arabana da Managaran da Managaran da Managaran da Managaran da Managaran da Managaran da M
b Address: 60 Commerce Drive	h. Name:
Buffalo, NY 14218	i. Address:
c. Driver Name/Title: PRINT/TYPE	j. Driver Name/Title:PRINT/TYPE
d. Phone No.: 716-827-7200 e. Truck No.: 56	k. Phone No.:
f. Vehicle License No./State: YC9875 W 11305P M Acknowledgement of Receipt of Materials.	m. Vehicle License No./State:  Acknowledgement of Receipt of Materials.
g. Driver Signature B-societ 05 R 89	n
	Driver Signature Shipment Date  completes a-d, destination site completes e-f.),
a. Site Name: Niagara Recycling, Inc.	c. Phone No.: 716-285-3344
b. Physical Address: 5600 Niagara Falls Blvd.	d. Mailing Address Same
Niagara Falls, NY 14304	
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to	the best of my knowledge the foregoing is true and accurate.
PamScott Pam Scott  Name of Authorized Agent  Pam Scott	<u>052898</u> san 60
	complete a-d, f, g, Operator* completes e.)
at Operator's Name: <u>EarthTech</u>	b. Operator's* Phone No.: 804-354-6437
c. Operator's Address: 2229 Tomlynn St., Richmond, V	
d. Special Handling Instructions and additional information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consideration	inment are fully and accurately described above by proper shipping name and are classified,
packed, marked, and labeled, and are in all respects in proper condition for transpol	to by highway according to applicable international and government regulations.
e. Operator's* Name & Title:  Print/Type  f. Name and Address  ICENTA Product II. Edicar No.	M Section Rough Distriction Date Date
of Responsible Agency:USEPA Region II, Edison, Ne	T 00017
	w Jersey 08817



# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST If waste is asbestos waste, complete Sections I, II, III and IV. No. 270556

If waste is <u>NOT</u> asbestos waste	e, complete only Sections I, II and III.
Section 1 GENERATOR (G	Senerator completes all of Section I)
a. Generator Name: USEPA Region II	b. Generating Location: Bossert Manufacturing Site
2000 Washingdon	d. Address: 1002 Oswego Street
Edison, New Jersey 08817	Utica, NY 13502
	315-734-1394
e. Phone No.:	f. Phone No.: 315-734-1394
g. Owner's Name:	h. Owner's Phone No.:
	TYPE
i. BFI WASTE CODE	Containers DM - METAL DRUM DP - PLASTIC DRUM B - BAG
j. Description of Waste: Non-Friable Asbestos	k. Quantity Units No. TYPE BA - 6 MIL. PLASTIC BAG or WRAP
	_ OOOSO K D 1 T T TRUCK
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is any applicable state law, has been properly described, classified and packaged, applicable regulations; AND, if the waste is a treatment residue of a previously Restrictions, I certify and warrant that the waste has been treated in accordance with hazardous waste as defined by 40 CFR Part 261  Generator Authorized Agent Name  Sighature	and is in proper condition for transportation according to P - POUNDS  restricted hazardous waste subject to the Land Disposal Y - YARDS
Section II TRANSPORTER (Generate	or complete a-d; Transporter I complete e-g; )
TRANSPORTER I	TRANSPORTER II
a. Name: Hazmat Environmental Group, Inc.	h. Name:
b. Address: 60 Commerce Drive	i. Address:
Buffalo, MY 14218	
c. Driver Name/Title: TTMOTHY J. O'HARA (DRIVE	j. Driver Name/Title:
d. Phone No.: 716-827-7200 PRINT/TYPE e. Truck No.: 272-4	
f. Vehicle License No./State: Px5496 (WV)	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
g. Janolla 10 Haus 052898  Driver Signature Shipment Defe	n. Driver Signature Shipment Date
Section III DESTINATION (Generator of	completes a-d, destination site completes e-f.)
a. Site Name: Niagara Recycling, Inc.	c. Phone No.: 716-285-3344
b. Physical Address: 5600 Niagara Falls Blvd.	d. Mailing Address Same
Niagara Falls, NY 14304	
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the	he best of my knowledge the foregoing is true and accurate.
Name of Authorized Agent Signature	Receipt Date
Section IV ASBESTOS (Generator of	complete a-d, f, g, Operator* completes e.)
a. Operator's* Name: <b>EarthTech</b>	b. Operator's* Phone No.: 004-354-6437
c. Operator's* Address: 2229 Tomlynn St., Richmond, Vi	rginia 23230
d. Special Handling Instructions and additional information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignoacked, marked, and labeled, and are in all respects in proper condition for transport	nment are fully and accurately described above by proper shipping name and are classified, by highway according to applicable international and government regulations.
e. Operator's* Name & Title: Print/Type	Operator's Signature Date
Name and Address of Responsible Agency: USEPA Region II, Edison, New	Jersey 08817
g.  Friable; Non-friable; Both % friable	100 % nonfriable

Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.



If waste is asbestos waste, complete Sections I, II, III and IV.

If waste is NOT asbestos waste, complete only Sections I, II and III.

No.270556

_	If waste is <u>NOT</u> asbestos waste, complete only Sections I, II and III.
S	ection I Generator completes all of Section I)
i. ia.	Generator Name: USEPA Region II b. Generating Location: Bossert Manufacturing Site
C.	Address 2890 Woodbridge d. Address: 1002 Oswego Street
	Edison, New Jersey 08817 Utica, NY 13502
ė	Phone No.: 732-591-2278 f. Phone No.: 315-734-1394
	owner of the generating facility differs from the generator, provide:
g.	Owner's Name:h. Owner's Phone No.:
i.	BFI WASTE CODE  Containers  TYPE  DM - METAL DRUM DP - PLASTIC DRUM
i.	Description of Waste: Non-Friable Asbestos k. Quantity Units No. TYPE B - BAG BA - 6 MIL PLASTIC BAG
	T - TRUCK O - OTHER
	GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.  ARCH D. HARMON J. HARMON J. COBIC METERS OF ACK D. HARMON J. C
	Generator Authorized Agent Name Signature Shipment Date
S	ection II TRANSPORTER (Generator complete a-d; Transporter I complete e-d; Transporter II complete b-n)
V	TRANSPORTER II
a.	Name: Hazmat Environmental Group, Inc. h. Name:
b.	Address: 60 Commerce Drive
	Buffalo, NY 14218
C.	Driver Name/Title: TTMOTHY J. O'HARA (DRIVER) Driver Name/Title:
	Phone No.: 716-827-7200 PRINT/TYPE e. Truck No.: 272-4 k. Phone No.: 1. Truck No.: I. Truck No.: PRINT/TYPE
·f.	Vehicle License No./State: PX5496 (WY) m. Vehicle License No./State:
:	Acknowledgement of Receipt of Materials.  Acknowledgement of Receipt of Materials.
g.	Driver Signature Shipment Date Shipment Date Shipment Date
S	ection III DESTINATION (Generator completes a-d, destination site completes e-f.)
a.	Site Name: Niagara Recycling, Inc. c. Phone No.: 716-285-3344
b.	Physical Address: 5600 Niagara Falls Blvd. d. Mailing Address Same
	Niagara Falls, NY 14304
e.	Discrepancy Indication Space:
	I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.
۹ <sub>f</sub>	Pam Scott Pom Scott 052898 san60
fs	ection IV ** ASBESTOS (Generator complete a-d, f, g, Operator completes e.)
<b>4</b>	Operator's* Name: <u>EarthTech</u> b. Operator's* Phone No.: 804-354-6437
45	Operator's Address: 2229 Tomlynn St., Richmond, Virginia 23230
	Special Handling Instructions and additional information:
OF	PERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, cked, marked, and labeled; and are in all respects in proper condition for transport by highway according to applicable international and government regulations.
	Operator's* Name & Title: LeRey Cassier, RM Schooledy 55 18 18
f.	Name and Address of Responsible Agency: USEPA Region II, Edison, New Jersey 08817
g.	Friable; Non-friable; Both % friable % nonfriable



If waste is asbestos waste, complete Sections I, II, III and IV.

If waste is NOT asbestos waste, complete only Sections I, II and III.

Section I	GENERATOR (	Generator completes all of Section ()-
a. Generator Name: _	USEPA Region II	b. Generating Location: Bossert Manufacturing Site
c. Address	2890 Woodbridge	d. Address: 1902 Oswego Street
	Edison, New Jersey 08817	Utica, NY 13502
e. Phone No.:	732-591-2278	f. Phone No.: 315-734-1394
If owner of the general	ting facility differs from the generator, provide:	
g. Owner's Name:		• •
i. BFI WASTE CODE	Non Wedalla Anhanka	Containers DM - METAL DRUM DP - PLASTIC DRUM B - BAG
j. Description of Wast	te:	k. Quantity  Units No. TYPE BA - 6 MIL. PLASTIC BAG or WRAP  T - TRUCK O - OTHER
any applicable state applicable regulation: Restrictions, I certify	RTIFICATION: I hereby certify that the above named material law, has been properly described, classified and packaged is; AND, if the waste is a treatment residue of a previously and warrant that the waste has been treated in accordance with defined by 40 CFR Part 261.  Agent Name  Signature	, and is in proper condition for transportation according to P - POUNDS  v restricted hazardous waste subject to the Land Disposal Y - YARDS
Section II	TRANSPORTER (Generat	or complete e-d: Transporter I complete e-g:
	TRANSPORTER I	TRANSPORTER II
a. Name:	at Environmental Group, Inc.	h. Name:
b. Address: 60 Cd	Ommerce Drive	i. Address:
Buff	alo, NY 14218	
c. Driver Name/Title:	PRINT/TYPE	i Driver Name/Title
d. Phone No.: <b>716-</b>	827-7200 PRINT/TYPE e. Truck No.: 123	j. Driver Name/Title:
	/State: 01 1946 Ny	m. Vehicle License No./State:
Acknowledgemen	nt of Receipt of Materials.	Acknowledgement of Receipt of Materials.
g. Driver Signature	Romene 05289	n. Driver Signature Shipment Date
Section III	DESTINATION (Generator	completes a-d, destination site completes e-f.)
a. Site Name: <b>Niag</b> é	ara Recycling, Inc.	c. Phone No.: 716-285-3344
b. Physical Address:	5600 Niagara Falls Blvd.	d. Mailing Address
_	Niagara Falls, NY 14304	
e. Discrepancy Indicat	tion Space:	
I hereby certify that	the above named material has been accepted and to t	the best of my knowledge the foregoing is true and accurate.
	<del></del>	<u></u>
Name of Authorized Agent Section IV		Receipt Date  complete a-d, f, g, Operator completes e.).
a. Operator's* Name: _		b. Operator's* Phone No.:804-354-6437
	2229 Tomlynn St., Richmond, Vin	
•	structions and additional information:	
OPERATOR'S CERTIFIC	CATION: I hereby declare that the contents of this consid	nment are fully and accurately described above by proper shipping name and are classified
e. Operator's* Name &		t by highway according to applicable international and government regulations.
. Name and Address	Print/Type USEPA Region II, Edison, New	Operator's Signature Date
of Responsible Ager	y	.00 % nonfriable



If waste is asbestos waste, complete Sections I, II, III and IV.

•	ii wasie is MOT aspesios wasie,	complete only Sections I, II and III.
Section I	GENERATOR (Ge	nerator completes all of Section I)
a. Generator Name: _	USEPA Region II	b. Generating Location:Bossert Manufacturing Site
c. Address	0000	
	Edison, New Jersey 08817	Utica, NY 13502
e. Phone No.:		. Phone No.: 315-734-1394
	ting facility differs from the generator, provide:	. 11010 No.:
g. Owner's Name:		n. Owner's Phone No.:
i. BFI WASTE CODE		TYPE  Containers DM - METAL DRUM DP - PLASTIC DRUM
j. Description of Was	te: Non-Friable Asbestos	k. Quantity Units No. TYPE BA - 6 MIL. PLASTIC BAG
<del></del>		OOO 3 O Q O 1 T T O THUCK O - OTHER
any applicable state applicable regulation Restrictions, I certify	ATTIFICATION: I hereby certify that the above named material is law, has been properly described, classified and packaged, a is; AND, if the waste is a treatment residue of a previously reand warrant that the waste has been treated in accordance with defined by 40 CFR Part 261.	nd is in proper condition for transportation according to  P - POUNDS  estricted hazardous waste subject to the Land Disposal  V - VARDS
Generator Authorized	HACMON Signature	Shipment Date
Section II	TRANSPORTER (Generator	F
	TRANSPORTER I	TRANSPORTER II
a. Name: Hazm	at Environmental Group, Inc.	h. Name:
b. Address: 60 C	ommerce Drive	i. Address:
Buff	alo, NY 14218	
c. Driver Name/Title:	Pete Longove	i Driver Nemo/Tible:
_	1827-7200 PRINT/TYPE 1827-7200 e. Truck No.: 123	j. Driver Name/Title: PRINT/TYPE
	/State: 112670 P NV	k. Phone No.: I. Truck No.:
	nt of Receipt of Materials.	m. Vehicle License No./State:
g. Driver Signature	Romen Date Shipment Date	n
Section III		Driver Signature Shipment Date  nipletes a-d, destination site completes e-f.)
a. Site Name: Niag	ara Recycling, Inc.	c. Phone No.: 716-285-3344
o. Physical Address:	5600 Niagara Falls Blvd.	d. Mailing Address Same
_	Niagara Falls, NY 14304	
e. Discrepancy Indicat	ion Space:	
I hereby certify that	the above named material has been accepted and to the	best of my knowledge the foregoing is true and accurate.
Name of Authorized Agent	Penkieur Katha Pen	Receipt Date
Section IV	ASBESTOS (Generator con	iplete a-d, I, g. Operator' completes e.)
a. Operator's* Name: _	EarthTech	b. Operator's* Phone No.: 804-354-6437
c. Operator's* Address	s: 2229 Tomlynn St., Richmond, Virg	inia 23230
d. Special Handling Ins	structions and additional information:	
DPERATOR'S CERTIFIC backed, marked, and lab	CATION: I hereby declare that the contents of this consignmeled, and are in all respects in proper condition for transport by	ent are fully and accurately described above by proper shipping name and are classified highway according to applicable international and government regulations.
e. Operator's* Name &	Title: Print/Type	Operator's Signification Date   Operator's Signification
<ul> <li>Name and Address of Responsible Age</li> </ul>	USEPA Region II, Edison, New J	ersey 08817
g. 🗌 Friable; 🕌 N	Non-friable; Both % friable	0 % nonfriable

Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.



If waste is asbestos waste, complete Sections I, II, III and IV.

If waste is <u>NOT</u> asbestos waste, complete only Sections I, II and III.

	nerator completes all of Section ().
a. Generator Name: USEPA Region II	b. Generating Location: Bossert Manufacturing Site
0000 11 11 12	d. Address:1002 Oswego Street
Edison, New Jersey 08817	Utica, NY 13502
e. Phone No.: 732-591-2278	f. Phone No.: 315-734-1394
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name:	h. Owner's Phone No.:
i. BFI WASTE CODE	Containers DM - METAL DRUM DP - PLASTIC DRUM
j. Description of Waste: Non-Priable Asbestos	_ k. Quantity Units No. TYPE B - BAG BA - 6 MIL. PLASTIC BAG or WRAP T - TRUCK O - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is any applicable state law, has been properly described, classified and packaged, at applicable regulations; AND, if the waste is a treatment residue of a previously respectively. I certify and warrant that the waste has been treated in accordance with hazardous waste as defined by 40 CFR Part 201.  Generator Authorized Agent Name	nd is in proper condition for transportation according to P - POUNDS estricted hazardous waste subject to the Land Disposal
Section II TRANSPORTER (Generator of	Transporter I complete e-g
TRANSPORTER 1	TRANSPORTER II
a. Name: Harmat Environmental Group, Inc.	h. Name:
b. Address: 60 Commerce Drive	i. Address:
Buffalo, NY 14218	
c. Driver Name/Title:	j. Driver Name/Title:
d. Phone No.: 716-827-7200 PRINT/TYPE e. Truck No.: 56	k. Phone No.: i. Truck No.:
f. Vehicle License No./State: PC 9875 W	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
9 Level Dran 052198	] n.
Driver Signature Shipment Date  Section III DESTINATION (Generative con-	Driver Signature Shipment Date  Impletes a-d, destination site completes e-f.)
a. Site Name: Niagara Recycling, Inc.	****
b. Physical Address: 5600 Niagara Falls Blvd.	0
Niagara Falls, NY 14304	d. Mailing Address Same
e. Discrepancy Indication Space:  I hereby certify that the above named material has been accepted and to the	best of my knowledge the foregoing is true and accurate
	2001 Of my knowledge the foregoing is true and accurate.
f. Name of Authorized Agent Signature	
- Cyratai C	Receipt Date  iplete sd. f, g, Operator* completes e.)
a. Operator's* Name: EarthTech	b. Operator's* Phone No.: 804-354-6437
c. Operator's Address: 2229 Tomlynn St., Richmond, Virg	
d. Special Handling Instructions and additional information:	
	ent are fully and accurately described above by proper shipping name and are classified, highway according to applicable international and government regulations
e. Operator's* Name & Title: Print/Type	STIMBAO LOLOLO DE DE LA CONTRA DEL CONTRA DE LA CONTRA DEL CONTRA DE LA CONTRA DE LA CONTRA DE LA CONTRA DE LA CONTRA DE LA CONTRA DE LA CONTRA DE LA CONTRA DE LA CONTRA DE LA CONTRA DE LA CONTRA DE LA CONTRA DE LA CONTRA DE LA CONTRA DE LA CONTRA DE LA CONTRA DE LA CONTRA DEL CONTRA DE LA CONTRA DE LA CONTRA DE LA CONTRA DE LA CONTRA DE LA CONTRA DE LA CONTRA DE LA CONTRA DE LA CONTRA DE LA CONTRA DE LA CONTRA DE LA CONTRA DE LA CONTRA DE LA CONTRA DE LA CONTRA DE LA CONTRA DE LA CONTRA DEL CONTRA DEL CONTRA DE LA CONT
Name and Address of Responsible Agency: USEPA Region II, Edison, New J	Date
g. Friable; Non-friable; Both % friable	00
% Inable	% nonfriable  me facility being demolished or renovated, or the demolition or renovation operation, or both.
·	- Domoitage of Tenovation operation, or poin.



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is NOT asbestos waste, complete only Sections I, II and III.

Section I GENERATOR (Generator completes all of Section I)  a. Generator Name: USEPA Region II b. Generating Location: Bossert Manufacturing Site  c. Address: 1002 Oswego Street	
1000 Occasion Charact	
c. Address 2890 Woodbridge d. Address 1002 Oswego Street	
V. 1 Marious	
Edison, New Jersey 08817 Utica, NY 13502	
e. Phone No.: 732-591-2278 f. Phone No.: 315-734-1394	
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name:h. Owner's Phone No.:	· ·
i. BFI WASTE CODE  DM - METAL DRUM DP - PLASTIC DRUM B - BAG	
j. Description of Waste: Non-Fritable Asbestos k. Quantity Units No. TYPE BA - 6 MIL. PLASTIC OF WRAP T - TRUCK O - OTHER	BAG
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 281.  ACK D. Harnor  Generator Authorized Agent Name  Shipment Date	
Section II TRANSPORTER (Generator complete a-d. Transporter I complete e-g.)	ار در د
TRANSPORTER II TRANSPORTER II	
a. Name: Hazmat Environmental Group, Inc. h. Name:	
b. Address: 60 Commerce Drive i. Address:	
Buffalo, NY 14218	
c. Driver Name/Title: j. Driver Name/Title:	
d. Phone No.: 716-827-7200 e. Truck No.: 56 k. Phone No.: I. Truck No.:	
f. Vehicle License No./State: 2875 W m. Vehicle License No./State:	
Acknowledgement of Receipt of Materials.  Acknowledgement of Receipt of Materials.	<del></del>
g. June Brown 052698 n. Driver Signature Shipment Date Shipment Date Shipment Date	
Section III DESTINATION (Generator completes a.d, destination site completes e.f.)	3.1
a. Site Name: Niagara Recycling, Inc. c. Phone No.: 716-285-3344	
b. Physical Address: 5600 Niagara Falls Blvd. d. Mailing Address Same	
Niagara Falls, NY 14304	
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.	
f. Pam Scott Pom Scott D5 2998 san 60  Name of Authorized Agent Signature	
Section IV ASBESTOS (Generator complete a-d.1, g, Operator completes e.)	
a. Operator's* Name: <u>EarthTech</u> b. Operator's* Phone No.: <u>804-354-6437</u>	
c. Operator's Address: 2229 Tomlynn St., Richmond, Virginia 23230	
d. Special Handling Instructions and additional information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are c packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.	assified,
e. Operator's* Name & Title: LOS y Cass Dev. RM & LODARD - DIAGR	
f. Name and Address  of Responsible Agency: USEPA Region II; Edison, New Jersey 08817	   
g. Triable; Non-friable; Both % friable 100 % nonfriable	



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is <u>NOT</u> asbestos waste, complete only Sections I, II and III.

No. 270560 <

Section I	GE					77.4	
a. Generator Name:	USEPA Region II		Generating Lo	cation: Bosse	ert Manufact	uring Si	te
c. Address	2890 Woodbriggge			1000	go Street		
	Edison, New Hersey C	8817			VY 13502		
e. Phone No.:	732-591-2278	f.	Phone No.:	315-734-13	394		
If owner of the genera	ting facility differs from the generator	, provide:					
g. Owner's Name:		h.	Owner's Phon	e No.:		·	
i. BFI WASTE CODE					Containers	DM - METAL DP - PLAST B - BAG	<u>TYPE</u> _ DRUM IC DRUM
j. Description of Was	te: Kon-Heżable Asbesto	) <b>s</b>	k. Quantity	Units	No. TYPE	BA - 6 MIL. I	PLASTIC BAG r WRAP
			999	30 4	) 1 T	T - TRUCK O - OTHER	· ·
any applicable state applicable regulation Restrictions, I certify hazardous waste as	RTIFICATION: I hereby certify that the ab law, has been properly described, class is; AND, if the waste is a treatment resi and warrant that the waste has been treat defined by 40 CFR Part 261.  Harmon defined Signature	ified and packaged, and due of a previously rest ted in accordance with the	is in proper con tricted hazardou e requirements o	ndition for transport is waste subject to	ation according to the Land Disposal and is no longer a	P - POUNE Y - YARDS M³ - CUBIC Y³ - CUBIC O - OTHER	METERS YARDS
Section II	TRANSPO	RTER (Generator cor	mplete a-d; Tran	nsporter I complete Insporter II complete	e-g h-n )		
	TRANSPORTER I				TRANSPORTER	п	
a. Name: Haza	at Environmental Group	o, Inc.	h. Name:				
	ommerce Drive		i. Address:				
Buff	alo, NY 14218						
c. Driver Name/Title:	PRINT/TYPE		j. Driver Na	me/Title:	PRI		
d. Phone No.: 716-	827-7200 e. Truck	No.:	k. Phone No	).:	PHI	I. Truck No.:	
	/State: <u>[W9037</u>	·	m. Vehicle Li	cense No./State:			•
•	nt of Receipt of Materials.	60198	Acknowle	edgement of Re	eceipt of Material	s.	
Driver Signature Section III		Shipment Date  TION (Generator comp	Driver Signate			Sh	nipment Date
-		(Generator comp		31/ 205			
<del></del>	ara Recycling, Inc. 5600 Niagara Falls Bl		c. Phone No	0	<del></del>		
b. Physical Address:	Niagara Falls, NY	14304	d. Mailing A	ddress Same	<u> </u>		
5							
e. Discrepancy Indica: I hereby certify that	the above named material has been	accepted and to the bo	est of my know	rledge the foregoing	ing is true and accu		
• •			oot or my know	Todge the tolego	my is true and acco	rate.	
f. Name of Authorized Agen	t Signature					•••	. 1
Section IV	Signature	TOS (Generator compl	lete a.d. f. n. One	Receipt Date			
a. Operator's* Name:					04-3 <b>54-</b> 6437		
c. Operator's* Address	s: 2229 Tomlynn St., Ri	chwond, Virgi			1.		
	structions and additional information:	-					
OPERATOR'S CERTIFIC packed, marked, and lab	CATION: I hereby declare that the con eled, and are in all respects in proper co	tents of this consignment	nt are fully and a	accurately describe	ed above by proper s	hipping name a	and are classified
e. Operator's* Name &		1,120	RM	Operator's Signatu	(co)	الله المالية المالية المالية المالية المالية المالية المالية المالية المالية المالية المالية المالية المالية ا	GOVE
f. Name and Address of Responsible Age	ncy: USEPA Region II/RE	dison, New Je	rsey 08	3817	71 G	<u> </u>	Date
g. 🗌 Friable; 🛅 N	lon-friable;	% friable	% nor	nfriable			



If waste is asbestos waste, complete Sections I, II, III and IV.

If waste is <u>NOT</u> asbestos waste, complete only Sections I, II and III.

No.270560

	ATOR (Generator completes all of Section I)
a. Generator Name: USEPA Region II	b. Generating Location: Bossert Manufacturing Site
2000 111111	d. Address: 1002 Oswego Street
Edison, New Hersey 08817	
e. Phone No.: 732-591-2278	f Phone No. 315-734-1394
If owner of the generating facility differs from the generator, provid-	
g. Owner's Name:	h. Owner's Phone No.:
i. BFI WASTE CODE	TYPE Containers DM - METAL DRUM
	Containers DM - METAL DRUM DP - PLASTIC DRUM B - BAG
j. Description of Waşte: Non-Hržable Asbestos	k Quantity / Units No. TYPE BA - 6 MIL PLASTIC BAG
	DODSO Y D 1 T TO TRUCK
any applicable state law, has been properly described, classified and applicable regulations; AND, if the waste is a treatment residue of a Restrictions, I certify and warrant that the waste has been treated in achazardous waste as defined by 40 CFR Part 261.	units  depackaged, and is in proper condition for transportation according to packaged, and is in proper condition for transportation according to previously restricted hazardous waste subject to the Land Disposal excordance with the requirements of 40 CFR Part 268 and is no longer a  Shipment Date  UNITS  P - POUNDS Y - YARDS Y - CUBIC METERS Y - CUBIC YARDS O - OTHER
Section II TRANSPORTER	(Genérator complete a-d. Transporter I complete e-g.)
TRANSPORTER I	TRANSPORTER II
a Name: Hazmat Environmental Group, In	c. h. Name:
b. Address: 60 Commerce Drive	i. Address:
Buffalo, NY 14218	
c. Driver Name/Title: FRANK 6- SALYER PRINT/TYPE	j. Driver Name/Title:
d. Phone No.: 716-827-7200 PRINT/TYPE e. Truck No.:	164   k. Phone No.:   PRINT/TYPE
f. Vehicle License No./State: £W9037	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
9. Frank 6. Sowya. 060	1/98 n
	ent Date Driver Signature Shipment Date  (Generator completes a.d. destination site completes e.f.)
a. Site Name: Niagara Recycling, Inc.	c. Phone No.: 716-285-3344
b. Physical Address: 5600 Niagara Falls Blvd.	d. Mailing Address Same
Niagara Falls, NY 1430	4
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted	ed and to the best of my knowledge the foregoing is true and accurate.
f. Pam Scott Pam J	Rott 060192 50160
9,000	Receipt Date  (Generator complete a-d, f, g, Operator completes e.)
a. Operator's* Name:EarthTech	b. Operator's* Phone No.: 804-354-6437
c. Operator's* Address: 2229 Tomlynn St., Richmo	
d. Special Handling Instructions and additional information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of packed, marked, and labeled, and are in all respects in proper condition f	this consignment are fully and accurately described above by proper shipping name and are classified or transport by highway according to applicable international and government regulations.
e. Operator's* Name & Title: LeRoy Cass &	el RM Sele-Poor Rd. DIAMER
f. Name and Address of Responsible Agency: USEPA Region II/EEdiso	Operator's Signature  Date  Date
	riable 100 % nonfriable



If waste is asbestos waste, complete Sections I, II, III and IV.

If waste is <u>NOT</u> asbestos waste, complete only Sections I, II and III.

No. 340501

Section I. GENERATOR (Gene	rater completes all of Section I)
a. Generator Name: USEPA Region II b.	Generating Location: Bossert Manufacturing Site
POR COLUMN TO THE PARTY OF THE	Address: 1002 Oswego Street
Edison, NJ 08817	Utica, NY 13502
e. Phone No.: 732-591-2278	Phone No. 315-734-1394
If owner of the generating facility differs from the generator, provide:	>=
g. Owner's Name: h.	Owner's Phone No.:
	TYPE I DM METAL DRUM
i. BFI.WASTE.CODE	Containers DM - METAL DRUM DP - PLASTIC DRUM B - BAG
j. Description of Waste: Non-Friable Asbestos	k. Quantity Units No. TYPE BA - 6 MIL. PLASTIC BAG or WRAP
_ <u>.</u>	OCOSO Y O 1 TO TRUCK
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not any applicable state law, has been properly described, classified and packaged, and applicable regulations; AND, if the waste is a treatment residue of a previously residue of a previously residue of a coordance with the hazardous waste as defined by 40 CFR Part 261.  Generator Authorized Agent Name  Signature  For Emergent	is in proper condition for transportation according to P - POUNDS  tricted hazardous waste subject to the Land Disposal Y - YARDS
	Transporter I complete e-g ) mplete a-d: Transporter II complete h-n )
TRANSPORTER I	TRANSPORTER II
a. Name: Hazmat Environmental Group, Inc.	h. Name:
b. Address:	h. Name:i. Address:
Buffalo, NY 14218	
c. Driver Name/Title:	j. Driver Name/Title:
d./ Phone No.: 716-827-7200 PRINT/TYPE e. Truck No.: 94	k. Phone No.: I. Truck No.:
f. Vehicle License No./State: 112 87 F	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
g. Man John Driver Signature Shipment Date	n Shipment Date
Section III DESTINATION (Generator com	pletes a-d, destination site completes e-f.)
á. Site Name: Niegara Recycling, Inc.	c. Phone No.: 716-285-3344
b. Physical Address: 56th St. & Niagara Falls Blvd.	d. Mailing Address
Niegara Falls, NY 14304	<b>*</b>
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the b	est of my knowledge the foregoing is true and accurate.
f. Name of Authorized Agent Signature	Receipt Date
Section IV ASBESTOS (Generator comp	lete a-d. I, g, Operator completes e.)
a. Operator's* Name:BarthTech	b. Operator's* Phone No.: 304-354-6437
c. Operator's* Address: 2229 Towlynn Street, Richgond,	
d. Special Handling Instructions and additional information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignme packed, marked, and labeled, and are in all respects in proper condition for transport by	nt are fully and accurately described above by proper shipping name and are classified, highway according to applicable international and government regulations.
e. Operator's* Name & Title:	Operator's Signature Date
f. Name and Address of Responsible Agency: USEPA Region II, Edison, New	
g. 🗌 Friable; 🍱 Non-friable; 🗌 Both % friable	100 % nonfriable

# NON-HA

# NON-HATARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV. If waste is <u>NOT</u> asbestos waste, complete only Sections I, II and III.

No. 340501

GENERATOR (Gene	rator completes all of Section I)
Generator Name: USEPA Region II b.	Generating Location: Bossert Manufacturing Site
Address 2890 Woodbridge d.	Address: 1002 Oswego Street
Edison, NJ 08817	Utica, NY 13502
. Phone No.: 732-591-2278 f.	Phone No.: 315-734-1394
owner of the generating facility differs from the generator, provide:	
. Owner's Name: h.	Owner's Phone No.:
BFI WASTE CODE	Containers DM - METAL DRUM DP - PLASTIC DRUM B - BAG
Description of Waste: Non-Friable Asbestos	k. Quantity Units No. TYPE BA - 6 MIL PLASTIC BAG or WRAP
	OOOSO Y O 1 T T TRUCK OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not any applicable state law, has been properly described, classified and packaged, and applicable regulations; AND, if the waste is a treatment residue of a previously res Restrictions, I certify and warrant that the waste has been treated in accordance with the hazardous waste as defined by 40 CFR Part 261.  TACK D, HAMON  Generator Authorized Agent Name  Signature  For Emarcon	t is in proper condition for transportation according to P - POUNDS  tricted hazardous waste subject to the Land Disposal Y - YARDS
Section II TRANSPORTER (Generator of	Transporter I complete e-g
TRANSPORTER I	TRANSPORTER II
Name: Hazmat Environmental Group, Inc.	h. Name:
Address: 60 Commerce Drive	i. Address:
Buffalo, NY 14218	
Driver Name/Title: FRANK SAW16R	j. Driver Name/Title:
PRINT/TYPE  e. Truck No.: 84 /6	PRINT/TYPE  Zk. Phone No.: I. Truck No.:
Vehicle License No./State: 147-11287P 1/205P	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
Mult 1 060198	n.
Shipment Date  Section III DESTINATION (Generator com	Driver Signature Shipment Date  pletes a-d, destination site completes e-f.)
Site Name: Niagara Recycling, Inc.	c. Phone No.: 716-285-3344
Physical Address: <u>56th St. &amp; Niagara Falls Blvd.</u>	d. Mailing Address
Niagara Falls, NY 14304	- Managaration
Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the I	pest of my knowledge the foregoing is true and accurate.
Pam Scott Pom hat	
*Name of Authorized Agent Signature	Receipt Date San 6 D
Section IV ASBESTOS (Generator com	plete a-d, f, g, Operator* completes e-)
. Operator's* Name: <u>EarthTech</u>	b. Operator's* Phone No.: 804-354-6437
Operator's* Address: 2229 Tomlynn Street, Richmond,	Virginia 23230
. Special Handling Instructions and additional information:	
PERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment acked, marked, and labeled, and are in all respects in proper condition for transport by	ent are fully and accurately described above by proper shipping name and are classified, highway according to applicable international and government regulations.
Operator's Name & Title: LeCon Cassiden, F	CONTROL GIGO VAIS
Name and Address of Responsible Agency:USEPA Region II, Edison, New	Operator & Signature Date
Friable; Non-friable; Both % friable %	100 % nonfriable



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is NOT asbestos waste, complete only Sections I, II and III.

Section I GENERATOR (G.	enerator completes all of Section I)
a. Generator Name: USEPA Region II	b. Generating Location: Bossert Manufacturing Site
c. Address 2890 Woodbridge	d. Address: 1002 Oswego Street
Edison, NJ 08817	Utica, NY 13502
e. Phone No.: 732-591-2278	f. Phone No.: 315-734-1394
If owner of the generating facility differs from the generator, provide:	
_g. Owner's Name:	
i. BFI WASTE CODE	Containers DM - METAL DRUM DP - PLASTIC DRUM
j. Description of Waste: Non-Friable Asbestos	k. Quantity Units No. TYPE B - BAG OF WRAP
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is any applicable state law, has been properly described, classified and packaged, applicable regulations; AND, if the waste is a treatment residue of a previously Restrictions, I certify and warrant that the waste has been treated in accordance with hazardous waste as defined by 40 CFR Part 261.  Generator Authorized Agent Name  For Emerse	and is in proper condition for transportation according to restricted hazardous waste subject to the Land Disposal Y - YARDS
Section II TRANSPORTER (Generato	r complete a-d; Transporter I complete e-g Transporter II complete h-n
TRANSPORTERI	TRANSPORTER II
a. Name: Hazmat Environmental Group, Inc.	h, Name:
b. Address: 60 Commerce Drive	i. Address:
Buffalo, NY 14218	
c. Driver Name/Title: Aku'n Cor Hvan	j. Driver Name/Title:
d. Phone No.: 716-827-7200 PRINT/TYPE e. Truck No.: //0//	k. Phone No.: I. Truck No.:
f. Vehicle License No./State: /3036 Pry Acknowledgement of Receipt of Materials.	m. Vehicle License No./State: Acknowledgement of Receipt of Materials.
	8 n.
Driver Signature Shipment Date  Section III DESTINATION (Génerator o	Driver Signature Shipment Date completes a-d, destination site completes e-f.)
a. Site Name: Niagera Recycling, Inc.	c. Phone No.: 716-285-3344
b. Physical Address: 56th St. & Riagara Falls Blvd.	d. Mailing Address
Niagara Palls, NY 14304	
e. Discrepancy Indication Space:	,
I hereby certify that the above named material has been accepted and to the	e best of my knowledge the foregoing is true and accurate.
f. Name of Authorized Agent Signature	Receipt Date
	omplete a-d, f, g, Operator* completes e.)
a. Operator's* Name: EarthTech	b. Operator's* Phone No.: 804-354-6437
c. Operator's Address: 2229 Tomlynn Street, Richmond	, Virginia 23230
d. Special Handling Instructions and additional information:	
packed, marked, and labeled, and are in all respects in proper condition for transport	ment are fully and accurately described above by proper shipping name and are classified, by highway according to applicable international and government regulations.
e. Operator's* Name & Title: Print/Type	Operator's Signature Date
f. Name and Address of Responsible Agency: USEPA Region II, Edison, New	C
g.  Friable;  Non-friable;  Both % friable	
¥	*
Operator refers to the company which owns, leases, operates, controls, or supervises	the facility being demolished or renovated, or the demolition or renovation operation, or both.

# BE

#### N-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III.

No. 340502

	rator completés all of Section I)
a- Generator Name: USEPA Region II b.	Generating Location: Bossert Manufacturing Site
	Address: 1002 Oswego Street
Edison, NJ 08817	Utica, NY 13502
e. Phone No.: 732-591-2278 f.	Phone No.: 315-734-1394
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name:h.	Owner's Phone No.:
i. BFI WASTE CODE	Containers DM - METAL DRUM DP - PLASTIC DRUM B - BAG
j. Description of Waste: Non-Friable Asbestos	k. Quantity  Units  No. TYPE  BA - 6 MIL. PLASTIC BAG  or WRAP  T - TRUCK O - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not any applicable state law, has been properly described, classified and packaged, and applicable regulations; AND, if the waste is a treatment residue of a previously reservictions, I certify and warrant that the waste has been treated in accordance with the hazardous waste as defined by 40 CFR Part 261.  ACL D. HOLDEN  Generator Authorized Agent Name	It is in proper condition for transportation according to tricted hazardous waste subject to the Land Disposal ne requirements of 40 CFR Part 268 and is no longer a P - POUNDS Y - YARDS M³ - CUBIC METERS Y³ - CUBIC YARDS O - OTHER
Section II TRANSPORTER (Generator of	cy Response: Shipment Date Transporter L complete e-g \
TRANSPORTER I	TRANSPORTER II
a Name: Hazmat Environmental Group, Inc.	h. Name:
b. Address: 60 Commerce Drive	i. Address:
Buffalo, NY 14218	
c. Driver Name/Title: ALVIN Coc HVAN PRINT/TYPE	ii Driver Name/Title
d. Phone No.: 716-827-7200 PRINT/TYPE e. Truck No.: // 0 / /	j. Driver Name/Title:
f. Vehicle License No./State: 13036 Pny	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
g. Old 2 Col.  Driver Signature.  Shipment Date	n
	pletes a-d, destination site completes e-f.)
a Site Name: Niagara Recycling, Inc.	c. Phone No.: 716-285-3344
b. Physical Address: 56th St. & Niagara Falls Blvd.	d. Mailing Address
Niagara Falls, NY 14304	
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the	best of my knowledge the foregoing is true and accurate.
PamScott Pam Scot	1 OGO298 Can6D
Section IV ASBESTOS (Generator com	plete a-d, f, g, Operator completes e.)
a. Operator's* Name: <u>EarthTech</u>	b. Operator's* Phone No.: 804-354-6437
c. Operator's Address: 2229 Tomlynn Street, Richmond,	Virginia 23230
d. Special Handling Instructions and additional information:	
<b>OPERATOR'S CERTIFICATION:</b> I hereby declare that the contents of this consignment packed, marked, and labeled, and are in all respects in proper condition for transport by	ent are fully and accurately described above by proper shipping name and are classified, highway according to applicable international and government regulations.
e. Operator's* Name & Title: LOROY Cassidey RN	1 Sel FORDER DIGORAM
f. Name and Address of Responsible Agency: USEPA Region II, Edison, New	Operator's Signature Date  Jersey 08817
g. 🗌 Friable; 🗓 Non-friable; 🔲 Both % friable	100 % nonfriable



If waste is asbestos waste, complete Sections I, II, III and IV.

If waste is NOT asbestos waste, complete only Sections I, II and III.

No. 340503

·2	lenerator completes all of Section I)
a. Generator Name: USEPA Region II	b. Generating Location: Bossert Manufacturing Site
c. Address 2890 Woodbridge	d. Address: 1002 Oswego Street
Edison, NJ 08817	Utica, NY 13502
	f. Phone No.: 315-734-1394
e. Phone No.: //32-391-22/6  If owner of the generating facility differs from the generator, provide:	T. Prione No.:
	h. Owner's Phone No.:
g. Owner's Name:	TYPE
i. BFI WASTE CODE	Containers DM - METAL DRUM DP - PLASTIC DRUM B - BAG
j. Description of Waste: Non-Friable Asbestos	k. Quantity Units No. TYPE BA - 6 MIL. PLASTIC BAG or WRAP
	OOBOY 01 T TRUCK
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is any applicable state law, has been properly described, classified and packaged, applicable regulations; AND, if the waste is a treatment residue of a previously Restrictions, I certify and warrant that the waste has been treated in accordance with hazardous waste as defined by 40 CFR Part 261.	and is in proper condition for transportation according to restricted hazardous waste subject to the Land Disposal ith the requirements of 40 CFR Part 268 and is no longer a Y - YARDS M³ - CUBIC METERS Y³ - CUBIC YARDS O - OTHER
Generator Authorized Agent Name Signature For Energ	ency Response: Shipment Date
	pr complete a-d. Transporter II complete e-g. Transporter II complete h-h.)
TRANSPORTER I	TRANSPORTER II
a. Name: Mazmat Environmental Group, Inc.	h. Name:
b. Address: 60 Commerce Drive	i. Address:
Buffalo, NY 14218	
c. Driver Name/Title: TIMOTHY J. OHARA DRIVER	j. Driver Name/Title:
d. Phone No.: 716-827-7200 PRINT/TYPE e. Truck No.: <u>R72-4</u>	PRINT/TYPE  k. Phone No.: I. Truck No.:
f. Vehicle License No./State: PX 5496 (VV)	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
· knothy 10/4am 06029	8 n
Section III DESTINATION (Generator	Driver Signature Shipment Date completes a-d, destination site completes a-f.)
a. Site Name: Niagara Racycling, Inc.	c. Phone No.: 716-285-3344
b. Physical Address: 56th St. & Niagare Falls Blvd.	d. Mailing Address
Niagare Falls, NY 14304	
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to t	the best of my knowledge the foregoing is true and accurate.
الرواز الإنجاز المعاطيعين بيهر عايات وأنفيا والرواز والرواز الإنافية والمنافرة والمراوا والمنافرة والمعافرة والا	
f. Name of Authorized Agent Signature	Receipt Date
	complete a-d, f, g, Operator* completes e.)
a. Operator's* Name: EarthTech	b. Operator's* Phone No.: 804-354-6437
c. Operator's* Address: 2229 Tomlynn Street, Richmond	
d. Special Handling Instructions and additional information:	
<b>OPERATOR'S CERTIFICATION:</b> I hereby declare that the contents of this consig packed, marked, and labeled, and are in all respects in proper condition for transpor	nment are fully and accurately described above by proper shipping name and are classified, it by highway according to applicable international and government regulations.
e. Operator's* Name & Title: Print/Type	Operator's Signature Date
f. Name and Address of Responsible Agency: USEPA Region II, Edison, Ne	
g. 🗌 Friable; 🗵 Non-friable; 🔲 Both % friable	100 % nonfriable



If waste is asbestos waste, complete Sections I, II, III and IV.

If waste is <u>NOT</u> asbestos waste, complete only Sections I, II and III.

No. 340503

	• • • • • • • • • • • • • • • • • • •
Section I GENERATOR (Gen	erator completes all of Section I)
a «Generator Name: USEPA Region II	. Generating Location: Bossert Manufacturing Site
c. Address 2890 Woodbridge	Address: 1002 Oswego Street
. Edison, NJ 08817	Utica, NY 13502
e. Phone No.: 732-591-2278 f.	Phone No.: 315-734-1394
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name:h	. Owner's Phone No.:
i. BFI WASTE CODE	Containers DM - METAL DRUM DP - PLASTIC DRUM
j. Description of Waste: Non-Friable Asbestos	k. Quantity Units No. TYPE BA - 6 MIL. PLASTIC BAG
	OOO30 Y 0 1 T T - TRUCK O - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is rany applicable state law, has been properly described, classified and packaged, an applicable regulations; AND, if the waste is a treatment residue of a previously renestrictions, I certify and warrant that the waste has been treated in accordance with hazardous waste as defined by 40 CFR Part 261.	d is in proper condition for transportation according to P - POUNDS stricted hazardous waste subject to the Land Disposal Y - YARDS
Generator Authorized Agent Name Signature For Frances	acy Response: Shipment Date
Section II TRANSPORTER (Generator of	CY KESPONSE:  Transporter I complete e-g complete a-d; Transporter II complete h-n )
TRANSPORTERI	TRANSPORTER II
a. Name: Hazmat Environmental Group, Inc.	h. Name:
Address: 60 Commerce Drive	i. Address:
Buffalo, NY 14218	
c. Driver Name/Title: TIMOTHY J. O'HARA DRIVER	j. Driver Name/Title:
d. Phone No.: 716-827-7200 PRINT/TYPE e. Truck No.: 272-4	k. Phone No.: PRINT/TYPE I. Truck No.:
f. Vehicle License No./State: PX5496 WY)	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
g. Anothy JOHan 060298  Driver Signature  Shipment Date	n
Section III DESTINATION (Generator con	nplétés a-d. destination site completes e-t.)
a. Site Name: Niagara Recycling, Inc.	_ c. Phone No.:716-285-3344
b. Physical Address: 56th St. & Niagara Falls Blvd.	d. Mailing Address
Niagara Falls, NY 14304	
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the	best of my knowledge the foregoing is true and accurate.
t. Pam Scott Rame of Authorized Agent Signature	ott 060098 san60
Section IV ASBESTOS (Generator com	plete a-d, f, g, Operator* completes e.)
a. Operator's Name: EarthTech	b. Operator's* Phone No.: 804-354-6437
c. Operator's Address: 2229 Tomlynn Street, Richmond,	Virginia 23230
d. Special Handling Instructions and additional information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment packed, marked, and labeled, and are in all respects in proper condition for transport by	ent are fully and accurately described above by proper shipping name and are classified, highway according to applicable international and government regulations.
e. Operator's* Name & Title: Print/Type	PM Operator's Signature Date
f. Name and Address of Responsible Agency: USEPA Region II, Edison, New	
g. 🗌 Friable; 🗵 Non-friable; 🗌 Both % friable	100 % nonfriable



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is <u>NOT</u> asbestos waste, complete only Sections I, II and III.

No. 340504

Section 1 GENERATOR (G	Generator completes all of Section I)
a. Generator Name: USEPA Region II	b. Generating Location: Bossert Manufacturing Site
c. Address 2890 Woodbridge	d. Address:1002 Oswego Street
Edison, NJ 08817	Utica, NY 13502
e. Phone No.: 732-591-2278	f. Phone No.: 315-734-1394
If owner of the generating facility differs from the generator, provide:	I. PHONE NO.
g. Owner's Name:	h. Owner's Phone No.:
PERMANE CORE	TYPE
j. Description of Waste: Hon-Friable Asbestos	Containers DM**METAL DRUM DP - PLASTIC DRUM B - BAG
1: Description of Waste: 4103-1112014 ASDESTED	k. Quantity Units No. TYPE BA - 6 MIL. PLASTIC BAG
	OOOSO Q O I T TRUCK
GENERATOR'S CERTIFICATION: I hereby certify that the above named material any applicable state law, has been properly described, classified and packaged, applicable regulations; AND, If the waste is a treatment residue of a previously Restrictions, I certify and warrant that the waste has been treated in accordance w hazardous waste as defined by 40 CFR Part 261.  Generator Authorized Agent Name	restricted hazardous waste subject to the Land Disposal iff the requirements of 40 CFR Part 268 and is no longer a   P - POUNDS Y - YARDS M³ - CUBIC METERS Y³ - CUBIC YARDS O - OTHER
Section II TRANSPORTER (Generate	ency Response: Shipment Date Transporter I complete e-q.
TRANSPORTER (Generate	or complete a d: Transporter II complete h h J  TRANSPORTER II
a. Name: Hazmat Environmental Group, Inc.	h. Name:
b. Address: 60 Commerce Drive	
Buffalo, NY 14218	i. Address:
c. Driver Name/Title: TIMOTHY J. OHARA (DAIN	(i/o)
PRINTITYPE	PRINT/TYPE
d. Phone No.: 716-827-7200 e. Truck No.: 272-4	k. Phone No.: I. Truck No.:
f. Vehicle License No./State:	m. Vehicle License No./State:
2 th 004mg 06039	Actiowiedgement of Necelpt of Materials.
g. Driver Signature Shipment Date	n Shipment Date
	completes a-d, destination site completes e-f.)
a. Site Name: Niagara Recycling, Inc.	c. Phone No.: <b>716-285-3344</b>
b. Physical Address: 56th St. & Niagara Falls Blvd.	d. Mailing Address
Niegare Falls, NY 14304	
e. Discrepancy Indication Space:	·
I hereby certify that the above named material has been accepted and to t	he best of my knowledge the foregoing is true and accurate.
f. Name of Authorized Agent Signature	Receipt Date
Section IV ASBESTOS (Generator of	complete a-d, f, g, Operator* completes e.)
a. Operator's* Name: <b>EarthTech</b>	b. Operator's* Phone No.: <u>804~354~6437</u>
c. Operator's* Address: 2229 Tomlynn Street, Richmond	
d. Special Handling Instructions and additional information:	
<b>OPERATOR'S CERTIFICATION:</b> I hereby declare that the contents of this consignacked, marked, and labeled, and are in all respects in proper condition for transport	nment are fully and accurately described above by proper shipping name and are classified, t by highway according to applicable international and government regulations.
e. Operator's* Name & Title:	Operator's Signature Date
of Responsible Agency:USEPA Region II, Edison, Ne	w Jersey 06817
g. 🗌 Friable; ဳ Non-friable; 🗌 Both % friable	100 % nonfriable



If waste is asbestos waste, complete Sections I, II, III and IV.

If waste is NOT asbestos waste, complete only Sections I, II and III.
Section I Generator completes all of Section i)
a Generator Name: USEPA Region II b. Generating Location: Bossert Manufacturing Site
c. Address 2890 Woodbridge d. Address: 1002 Oswego Street
Edison, NJ 08817 Utica, NY 13502
e. Phone No.: 732-591-2278 f. Phone No.: 315-734-1394
If owner of the generating facility differs from the generator, provide:
g. Owner's Name: h. Owner's Phone No.:
TYPE
i. BFI WASTE CODE DM - METAL DRUM DP - PLASTIC DRUM DP - PLASTIC DRUM B - BAG
j. Description of Waste: Non-Friable Asbestos k. Quantity Units No. TYPE BA - 6 MIL. PLASTIC BAG or WRAP
OOOSO W 0 1 T O TRUCK TO OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a frazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to P - POUNDS
applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Y - YARDS
hazardous waste as defined by 40 CFR Part 26).
JACK D. HARMON Jank D. Han Ob 0398
Generator Authorized Agent Name Signature For Emergency Response: Shipment Date
Section II TRANSPORTER (Generator complete aid: Transporter II complete bill )
TRANSPORTER II
a. Name: Hazmat Environmental Group; Inc. h. Name:
b. Address: 60 Commerce Drive i. Address:
Buffalo, NY 14218
c. Driver Name/Title: TIMOTHY J. OHARA (DRIVER) j. Driver Name/Title:
d) Phone No.: 716-827-7200 e. Truck No.: A7Z-4 k. Phone No.: 1. Truck No.:
f. Vehicle License No./State:
Acknowledgement of Receipt of Materials.
2 th 00 Hay 060398
Driver Signature Shipment Date Driver Signature Shipment Date
Section III / DESTINATION (Generator completes a-d, destination site completes e-f.)
a. Site Name: Niagara Recycling, Inc. c. Phone No.: 716-285-3344
b. Physical Address: 56th St. & Niagara Falls Blvd. d. Mailing Address
Niagara Falls, NY 14304
e. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.
Pam Scott Pam Jest 060398 san 60
Name of Authorized Agent Signature Receipt Date
Section IV ASBESTOS (Generator complete a-d. f, g, Operator completes e,)
a. Operator's* Name: EarthTech b. Operator's* Phone No.: 804-354-6437
c. Operator's* Address: 2229 Tomlynn Street, Richmond, Virginia 23230
d. Special Handling Instructions and additional information:
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.
e. Operator's* Name & Title: 1280 1 Circ Colory RM Operator's Signature Operator's Signature Date
f. Name and Address of Responsible Agency: USEPA Region II, Edison, New Jersey 08817
g. Triable; Non-friable; Both % friable 100 %-nonfriable



If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III.

Section I GENERATOR (6	enerator completes all of Section I)
a. Generator Name: USEPA Region II	b. Generating Location: Bossert Manufacturing Site
c. Address 2090 Woodbridge	d. Address:1002 Oswego Street
Edisons NJ 08817	Utica, NY 13502
e. Phone No.: 732-591-2278	f. Phone No.: 315-734-1394
If owner of the generating facility differs from the generator, provide:	<u>A</u>
g. Owner's Name:	h. Owners Phone No.:
i. BFI WASTE CODE	TYPE I DM METAL PRIMA
	Containers DM - METAL DRUM DP - PLASTIC DRUM
j. Description of Waste: Non-Priable Asbestos	k. Quantity Units No. TYPE BA - 6 MIL. PLASTIC BAG or WRAP
	T TRUCK O OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is any applicable state law, has been properly described, classified and packaged, applicable regulations; AND, If the waste is a treatment residue of a previously Restrictions, I certify and warrant that the waste has been treated in accordance with hazardous waste as defined by 40 CFR Part 261.  Generator Authorized Agent Name  Signature	and is in proper condition for transportation according to restricted hazardous waste subject to the Land Disposal ith the requirements of 40 CFR Part 268 and is no longer a Y - YARDS M³ - CUBIC METERS Y³ - CUBIC YARDS O - OTHER
FOI Emerg	ency Response: Shipment Date
Section II TRANSPORTER (Generator TRANSPORTER)	
a. Name: Haznat Environmental Group, Inc.	TRANSPORTER II
b. Address:60 Commerce Drive	i. Address:
Buffalo, NY 14218	
c. Driver Name/Title: Alvin CocHran (Driver)	i Driver Name/Title
d. Phone No.: 716-827-7200 PRINT/TYPE e. Truck No.: // 0	j. Driver Name/Title:
f. Vehicle License No./State: 13036 44	
Acknowledgement of Receipt of Materials.	m. Vehicle License No./State:
o 06039	7 n
Driver Signature Shipment Date  Section III DESTINATION (Generator of	Driver Signature Shipment Date completes a-d, destination site completes e-f.)
a. Site Name: Niagara Recycling, Inc.	c. Phone No.: 716-285-3344
b. Physical Address: <u>56th St. &amp; Niagara Falls Blvd.</u>	d. Mailing Address
Niagara Falls, NY 14304	<u> </u>
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the	ne best of my knowledge the foregoing is true and accurate.
f	
Name of Authorized Agent	Receipt Date
76 A 76 A	omplete a-d, f, g, Operator completes e.)
a. Operator's* Name: BarthTech	b. Operator's* Phone No.: 804~354~6437
c. Operator's* Address: 2229 Tomlynn Street, Richmond	, .rginia 23230
d. Special Handling Instructions and additional information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignated, marked, and labeled, and are in all respects in proper condition for transport	nment are fully and accurately described above by proper shipping name and are classified, by highway according to applicable international and government regulations.
e. Operator's* Name & Title:	M - PCICIOSAM MARTIN
f. Name and Address of Responsible Agency: USEPA Region II, Edison, Net	Operator's Signature Date  Jersey 08817
g.   Friable;   Non-friable;   Both % friable	160 % nonfriable



If waste is asbestos waste, complete Sections I, II, III and IV.

No. 340505

Section I GENERATOR (Generator completes all of Section I)
& Generator Name: USEPA Region II b. Generating Location: Bossert Manufacturing Site
c. Address
Edison, NJ 08817 Utica, NY 13502
e. Phone No.: 732-591-2278 f. Phone No.: 315-734-1394
If owner of the generating facility differs from the generator, provide:
g. Owner's Name: h. Owner's Phone No.:
i. BFI WASTE CODE  Containers  DM - METAL DRUM DP - PLASTIC DRUM B - BAG
j. Description of Waste: Non-Friable Asbestos k. Quantity Units No. TYPE BA - 6 MIL PLASTIC BAG or WRAP  T - TRUCK O - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.  ACK D. HALMON  WINTS  P - POUNDS Y - YARDS N° - CUBIC METERS Y° - CUBIC YARDS O - OTHER
/ For Emergency Response:
Section II TRANSPORTER (Generator complete a-d: Transporter II complete e-g )  TRANSPORTER TRANSPORTER II
a. Name: Hazmat Environmental Group, Inc. h. Name:
b. Address: 60 Commerce Drive i. Address: Buffalo, NY 14218
c. Driver Name/Title: Aluin CocHran (Driver)  j. Driver Name/Title:  PRINT/TYPE  PRINT/TYPE
d. Phone No.: 716-827-7200 e. Truck No.: // O k. Phone No.: 1. Truck No.:
f. Vehicle License No./State:
g. Ol 9 Ol Driver Signature Shipment Date Driver Signature Shipment Date
Section III DESTINATION (Generator completes a-d, destination site completes e-f.)
a. Site Name: Niagara Recycling, Inc. c. Phone No.: 716-285-3344
b. Physical Address: 56th St. & Niagara Falls Blvd. d. Mailing Address
Niagara Falls, NY 14304
e. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.
f. Pam Scott Pam Scott 060398 san 60
Section IV ASBESTOS (Generator complete a-d, f, g, Operator completes e.)
a. Operator's* Name: EarthTech b. Operator's* Phone No.:: 804-354-6437
c. Operator's* Address: 2229 Tomlynn Street, Richmond, Virginia 23230
d. Special Handling Instructions and additional information:
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.
e. Operator's* Name & Title: Print/Type Curche Coperator's Signature Signature
f. Name and Address of Responsible Agency: USEPA Region II, Edison, New Jersey 08817
g. Friable; X Non-friable; Both % friable 100 % nonfriable



If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III.

If waste is NOT aspestos waste, com	
Section 1	Generating Location: Bossert Manufacturing Site
a. Generator Name:	and a Charles of the Control of the
c. Address 2890 Woodbridge d. A	
Edison. NJ 08817	Utica, NY 13502
e. Phone No.: 732-591-2278 , f.	Phone No.: 315-734-1394
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name: h.	Owner's Phone No.:
i. BFI WASTE CODE	Containers  DM - METAL DRUM DP - PLASTIC DRUM B - BAG BA - 6 MIL. PLASTIC BAG
j. Description of Waste: Hon-Friable Asbestos	or WRAP
	OOOSO TO TO O OTHER UNITS
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is no any applicable state law, has been properly described, classified and packaged, and applicable regulations; AND, if the waste is a treatment residue of a previously rest Restrictions, I certify and warrant that the waste has been treated in accordance with the hazardous waste as defined by 40 CFR Part 261  Generator Authorized Agent Name  Signature  For Emergence	t a hazardous waste as defined by 40 CFR Part 261 of is in proper condition for transportation according to pricted hazardous waste subject to the Land Disposal are requirements of 40 CFR Part 268 and is no longer a requirements of 40 CFR Part 268 and is no longer a P - POUNDS Y - YARDS O - OTHER  Shipment Date
Section II TRANSPORTER (Generator or	implete a-d; Transporter II complete h-h /
TRANSPORTER I	TRANSPORTER II
a. Name: Hazmat Environmental Group, Inc.	h. Name:
b. Address: 60 Commerce Drive	i. Address:
Buffalo, NY 14213	
c. Driver Name/Title:	j. Driver Name/Title:
c. Driver Name/Title:	k. Phone No.: I. Truck No.:
f. Vehicle License No./State: PC 9875 W	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
9. Daniel Brien CGU498	nShipment Date
Section III DESTINATION (Generator co	mpletes a-d, destination site completes e-f.)
a. Site Name: Niegara Recycling, Inc.	c. Phone No.: 716-285-3344
b. Physical Address: 56th St. & Nisgara Falls Blvd.	d. Mailing Address
Niagers Falls, NY 14304	<u> </u>
e. Discrepancy Indication Space:	
Discrepancy Indication Space:     I hereby certify that the above named material has been accepted and to the	e best of my knowledge the foregoing is true and accurate.
f: Name of Authorized Agent Signature	Receipt Date
Section IV ASBESTOS (Generator co	emplete a-d, f, g, Operator completes e.)
a. Operator's* Name: EarthTech	b. Operator's* Phone No.: 804-354-6437
c. Operator's Address: 2229 Tomlynn Street, Richmond,	Virginia 23230
d. Special Handling Instructions and additional information:	
<b>OPERATOR'S CERTIFICATION:</b> I hereby declare that the contents of this consign packed, marked, and labeled, and are in all respects in proper condition for transport	nment are fully and accurately described above by proper shipping name and are classified by highway according to applicable international and government regulations.
e. Operator's* Name & Title:	Operator's Signature Date
f. Name and Address of Responsible Agency: USEPA Region II, Edison, Ne	w Jersey 08817
g.  Friable;  Non-friable;  Both  % friable	100 % nonfriable
* Operator refers to the company which owns, leases, operates, controls, or supervise	es the facility being demolished or renovated, or the demolition or renovation operation, or both.



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is <u>NOT</u> asbestos waste, complete only Sections I, II and III.

Section I Generator completes all of Section I)
a Generator Name: USEPA Region II b. Generating Location: Bossert Manufacturing Site
c. Address 2890 Woodbridge d. Address: 1002 Oswego Street
Edison, NJ 08817 Utica, NY 13502
e. Phone No.: 732-591-2278 f. Phone No.: 315-734-1394
If owner of the generating facility differs from the generator, provide:
g. Owner's Name: h. Owner's Phone No.:
i. BFI WASTE CODE DM - METAL DRUM DP - PLASTIC DRUM
j. Description of Waste: Non-Friable Asbestos k. Quantity Units No. TYPE B - BAG BA - 6 MIL PLASTIC BAG or WRAP
OOOSOY 0 IN TOTALLER
GENERATOR'S CERTIFICATION: I hereby/certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.  TACK D. HARMON  AND HARMON  O GO HQ R  O O OTHER
Generator Authorized Agent Name Signature For Emergency Response: Shipment Date
Section II TRANSPORTER (Generator complete and, Transporter II complete end.)
TRANSPORTER II TRANSPORTER II
a. Name: Hazmat Environmental Group, Inc. h. Name:
b. Address: 60 Commerce Drive i. Address:
Buffalo, NY 14218
c. Driver Name/Title: Daniel Brown Driver Name/Title:
d. Phone No.: 716-827-7200 e. Truck No.: 56 k. Phone No.: 1. Truck No.:
f. Vehicle License No./State: PC 9875 N m. Vehicle License No./State: Acknowledgement of Receipt of Materials.  Acknowledgement of Receipt of Materials.
9 Daniel Brown CGC498 n.
Driver Signature Shipment Date Driver Signature Shipment Date  Section III DESTINATION (Generator completes a-d, destination site completes e-f.)
a. Site Name: Niagara Recycling, Inc. c. Phone No.: 716-285-3344
b. Physical Address: 56th St. & Niagara Falls Blvd. d. Mailing Address
Niagara Falls, NY 14304
e. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.
f. Pam Scott Pom Scott 060498 San6D  Name of Authorized Agent Signature  Receipt Date
Section IV ASBESTOS (Generator complete a-d, f, g, Operator completes e.)
a. Operator's* Name: EarthTech b. Operator's* Phone No.: 804-354-6437
c. Operator's Address: 2229 Tomlynn Street, Richmond, Virginia 23230
d. Special Handling Instructions and additional information:
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.
e. Operator's* Name & Title: Print/Type  f. Name and Address of Responsible Agency: USEPA Region II, Edison, New Jersey 08817
g.  Friable;  Non-friable;  Both % friable 100 % nonfriable

Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is <u>NOT</u> asbestos waste, complete only Sections I, II and III.

No. 340507

Section I . Generator (Gen	erator completes all of Section 1)
a. Generator Name: USEPA Region II b	o. Generating Location: Bossert Manufacturing Site
c. Address 2890 Woodbridge	d. Address: 1002 Oawego Street
Edison, NJ 08817	Utica, NY 13502
e. Phone No.: 732-591-2278 f.	. Phone No.: 315-734-1394
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name:h	n. Owner's Phone No.:
i. BFI WASTE CODE	Containers DM - METAL DRUM DP - PLASTIC DRUM B - BAG
j. Description of Waste: Non-Friable Asbestos	k. Quantity Units No. TYPE BA - 6 MIL. PLASTIC BAG or WRAP
	OOSO WOLL TO TRUCK
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is nany applicable state law, has been properly described, classified and packaged, an applicable regulations; AND, if the waste is a treatment residue of a previously research restrictions, I certify and warrant that the waste has been treated in accordance with hazardous waste as defined by 40 CFR Part 261.  Generator Authorized Agent Name  Signature  For Emerger	nd is in proper condition for transportation according to stricted hazardous waste subject to the Land Disposal Y - YARDS
	complete a-d: Transporter I complete e-g
TRANSPORTER I	TRANSPORTER II
a. Name: Hazmat Environmental Group, Inc.	h. Name:
b. Address:60 Commerce Drive	i. Address:
Buffalo, BY 14218	
c. Driver Name/Title: TIMOTHY J. O'HARA (DRIVER)	j. Driver Name/Title:
d. Phone No.: 716-827-7200 PRINT/TYPE e. Truck No.: 272-4	PRINT/TYPE  k. Phone No.: I. Truck No.:
f. Vehicle License No./State: <u>PX5476</u> (VY)  Acknewledgement of Receipt of Materials.	m. Vehicle License No./State:
g. Driver Signature Shipment Date	n Shipment Date
Section III / DESTINATION (Generator con	mpletes a-d, destination site completes e-t.)
a. Site Name: Niagara Recycling, Inc.	c. Phone No.: 716-285-3344
b. Physical Address: 56th St. & Niagara Falls Blvd.	d. Mailing Address
Niegara Falls, NY 14304	
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the	best of my knowledge the foregoing is true and accurate.
and the second of the second o	The second secon
Name of Authorized Agent Signature	Receipt Date
Section IV ASBESTOS (Generator com	plete a-d. f, g, Operator* completes e.)
a. Operator's* Name:	b. Operator's* Phone No.: 804-354-6437
c. Operator's* Address: 2229 Towlynn Street, Richmond,	Virginia 23230
d. Special Handling Instructions and additional information:	
<b>OPERATOR'S CERTIFICATION:</b> I hereby declare that the contents of this consignm packed, marked, and labeled, and are in all respects in proper_condition for transport by	nent are fully and accurately described above by proper shipping name and are classified, y highway according to applicable international and government regulations.
e. Operator's* Name & Title: Print/Type	Operator's Signature Date
f. Name and Address of Responsible Agency: USEPA Region II, Edison, New	Jersey 08817
g. Friable; Non-friable; Both % friable	100 % nonfriable



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is NOT asbestos waste, complete only Sections I, II and III.

Section I Generation (Gene	rator completes all of Section ()
a: Generator Name: USEPA Region II	Generating Location: Bossert Manufacturing Site
· · · · · · · · · · · · · · · · · · ·	Address: 1002 Oswego Street
,一直一直一直一直一直一直一直一直一直一直一直一直一直一直一直一直一直一直一直	Útica, NY 13502
e. Phone No.: 732-591-2278	Phone No.: 315-734-1394
If owner of the generating facility differs from the generator, provide-	
g. Owner's Name:h.	Owner's Phone No.:
i. BFI WASTÈ CODE	TYPE  Containers DM - METAL DRUM DP - PLASTIC DRUM
Description of Waste: Non-Friable Asbestos	k. Quantity Units No. TYPE BA - 6 MIL PLASTIC BAG
	OOOSOU
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is no any applicable state law, has been properly described, classified and packaged, and applicable regulations; AND, if the waste is a treatment residue of a previously rest Restrictions, I certify and warrant that the waste has been treated in accordance with the hazardous waste as defined by 40 CFR Part 261.  ACK D. HARMON  Generator Authorized Agent Name  Signature For Education	Is in proper condition for transportation according to cricted hazardous waste subject to the Land Disposal ite requirements of 40 CFR Part 268 and is no longer a  P - POUNDS Y - YARDS M³ - CUBIC METERS Y³ - CUBIC YARDS O - OTHER
For Emergence	Prensporter I complete e-c
TRANSPORTER I	mplete a-d; Transporter I complete e-g Transporter II complete h-n TRANSPORTER II
a. Name: Hazmat Environmental Group, Inc.	n. Name:
b, Address: 60 Commerce Drive	L Address:
Buffalo, NY 14218	
c. Driver Name/Title: TIMOTHY J. O'HARA (DRIVER)	j. Driver Name/Title:
d. Phone No.: 716-827-7200 PRINT/TYPE e. Truck No.: 272-4	k. Phone No.: PRINT/TYPE
f. Vehicle License No./State: <u>PX5496</u> <u>QVY</u> )  Acknowledgement of Receipt of Materials.	m. Vehicle License No./State: Acknowledgement of Receipt of Materials.
Conster 9.0 Hay 060498	n.
Section III DESTINATION (Generator comp	Driver Signature Shipment Date  Pletes a-d, destination site completes e-f.)
a. Site Name: Niagara Recycling, Inc.	c. Phone No.: 716-285-3344
b. Physical Address: 56th St. & Niagara Falls Blvd.	d. Mailing Address
Niagara Falls, NY 14304	d. Intalining Address
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the b	est of my knowledge the foregoing is true and accurate.
Pam Scott Pam Scott  Name of Authorized Agent Signature	060498 san 6D
Section IV ASBESTOS (Generator compl	Receipt Date
a. Operator's* Name: EarthTech	b. Operator's* Phone No.: 804-354-6437
c. Operator's* Address: 2229 Tomlynn Street, Richmond, Virginia 23230	
d. Special Handling Instructions and additional information:	
DPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment packed, marked, and labeled, and are in all respects in proper condition for transport by h	nt are fully and accurately described above by proper shipping name and are classified, lighway according to applicable international and government regulations.
o. Operator's* Name & Title: LOROY COSSIDEY RM	1 - Section DIGONIAIS
Name and Address of Responsible Agency: USEPA Region II, Edison, New J	Operator's Bignetture Date
	00 % nonfriable.
	As the control of

If waste is asbestos waste, complete Sections I, II, III and IV.

No. 340508

	enerator completes all of Section I).
a. Generator Name: USEPA Region II	b. Generating Location: Bessert Manufacturing Site
c. Address2890 Woodbridge	d. Address: 1002 Oswego Street
Edison, NJ 08817	Utica, NY 13502
	f. Phone No.: 315-734-1394
If owner of the generating facility differs from the generator, provide:	f. Priorie No.:
g. Owner's Name:	h. Owner's Phone No.:
	TYPE
i. BFI WASTE CODE  i. Description of Waste: Non-Friable Asbestos	Containers DM - METAL DRUM DP - PLASTIC DRUM B - BAG
j. Description of Waste:NOB-FT18D16 ASDESTOS	k. Quantity Units No. TYPE BA - 6 MIL. PLASTIC BAG or WRAP  T - TRUCK O - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is any applicable state law, has been properly described, classified and packaged, applicable regulations; AND, if the waste is a treatment residue of a previously Restrictions, I certify and warrant that the waste has been treated in accordance with hazardous waste as defined by 40 CFR Part 261  Generator Authorized Agent Name  Signature  For Energy	and is in proper condition for transportation according to restricted hazardous waste subject to the Land Disposal Y - YARDS
Section II TRANSPORTER (Generato	Transporter I complete e-g r complete a-d; Transporter II complete h-n.)
TRANSPORTER I	TRANSPORTER II
a. Name: Razmat Environmental Group, Inc.	h. Name:
b. Address: 60 Commerce Drive	i. Address:
Buffalo, NY 14218	
c. Driver Name/Title: TIMOTHY J. O'HANA (DAME	j. Driver Name/Title:
d. Phone No.: 716-827-7200 PRINT/TYPE e. Truck No.: 172-4	
f. Vehicle License No./State:	m. Vehicle License No./State:  Acknowledgement of Receipt of Materials.
· Zilla 70Hay 060598	Plantomase.
Driver Signature Shipment Date	Orniver Signature  Shipment Date  Shipment Date
a. Site Name: Niagera Recycling, Inc.	c. Phone No.: 716-285-3344
b. Physical Address: _55th St. & Niagara Falls Blvd.	
Niagara Fells, NY 14304	
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the	
f. Name of Authorized Agent Signature	Receipt Date
Section IV ASBESTOS (Generator of	omplete a-d, (, g, Operator* completes e.)
a. Operator's* Name: EarthTech	b. Operator's* Phone No.: 804-354-6437
c. Operator's* Address: 2229 Tomlynn Street, Richmond,	Virginia 23230
d. Special Handling Instructions and additional information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consign packed, marked, and labeled, and are in all respects in proper condition for transport	ment are fully and accurately described above by proper shipping name and are classified, by highway according to applicable international and government regulations.
e. Operator's* Name & Title: Print/Type	Operator's Signature Date
f. Name and Address of Responsible Agency: USEPA Region II, Edison, New	Jersey 08817
g.  Friable;  Non-friable;  Both % friable	100 % nonfriable

## NON-HAZARDOUS SPECIAL WASTE & ASBESTOS

If waste is asbestos waste, complete Sections I, II, III and IV.

If waste is <u>NOT</u> asbestos waste, complete only Sections I, II and III.

No. 340508

Section I Generator (Gene	fator completes all of Section I)
a. Generator Name: USEPA Region II b.	Generating Location: Bossert Manufacturing Site
(種) 第二字() ケート・ディング アン・ディング とうごうれい しょうしょう しょうしょ	Address: 1002 Oswego Street
Edison, NJ 08817	Utica, NY 13502
e. Phone No.: 732-591-2278	Phone No.: 315-734-1394
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name: h.	Owner's Phone No.:
i. BFI WASTE CODE	TYPE  Containers DM - METAL DRUM DP - PLASTIC DRUM
j. Description of Waste: Non-Friable Asbestos	k. Quantity Units No. TYPE BA - 6 MIL. PLASTIC BAG
	OOO3OQO1
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not any applicable state law, has been properly described, classified and packaged, and applicable regulations; AND, If the waste is a treatment residue of a previously rest Restrictions, I certify and warrant that the waste has been treated in accordance with the hazardous waste as defined by 40 CFR Part 261	I is in proper condition for transportation according to P - POUNDS  tricted hazardous waste subject to the Land Disposal Y - YARDS
Generator Authorized Agent Name Signature For Emergen	
Section II (Generator co	I 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2
TRANSPORTER I	TRANSPORTER II
a Name: <u>Hazmat Environmental Group</u> , Inc.	h. Name:
b. Address: 60 Commerce Drive	i. Address:
Buffalo, NY 14218	
c. Driver Name/Title: TIMOTHY J. O'HARA ORIVER	j. Driver Name/Title:
d. Phone No.: 716-827-7200 e. Truck No.: R72-4	k. Phone No.:
f. Vehicle License No./State: PX5496 (VV)	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
g. Lindley OHard 060598  Driver Signature Shipment Date	n. Driver Signature Shipment Date
- Company of the Comp	Driver Signature Shipment Date  Shipment Date
a Site Name: Niagara Recycling, Inc.	c. Phone No.: 716-285-3344
b. Physical Address: <u>56th St. &amp; Niagara Falls Blvd.</u>	d. Mailing Address
Niagara Falls, NY 14304	
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the b	pest of my knowledge the foregoing is true and accurate.
Pam Scott Pam Scott Name of Authorized Agent Signature	<u>060598</u> son60
Section IV ASBESTOS (Generator comp	olete a-d, f, g, Operator completes e, )
a. Operator's* Name: <u>EarthTech</u>	b. Operator's* Phone No.: 804-354-6437
c. Operator's Address: 2229 Tomlynn Street, Richmond,	Virginia 23230
d. Special Handling Instructions and additional information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignme packed, marked, and labeled, and are in all respects in proper condition for transport by	nt are fully and accurately described above by proper shipping name and are classified, highway according to applicable international and government regulations.
e. Operator's* Name & Title:  Print/Type  f. Name and Address  of Responsible Assessed HSEPA Region II Edison Nov.	Operator's Signature Date
of Responsible Agency: <u>USEPA Region II, Edison, New</u> g  Friable; X Non-friable; Both % friable	Jersey 08817





If waste is asbestos waste, complete Sections I, II, III and IV.

No. 340509

if waste is <u>NOT</u> aspestos waste, o	complete only Sections I, II and III.
Section I GenERATOR (Gen	erator completes all of Section I)
a. Generator Name: USEPA Region II	o. Generating Location: Bossert Manufacturing Site
c. Address 2890 Woodbridge	
Edison, NJ 08317	Utica, NY 13502
e. Phone No.:	. Phone No.: 315-734-1394
If owner of the generating facility differs from the generator, provide:	FIIOTO NO.
g. Owner's Name:	n. Owner's Phone No.:
i. BFI WASTE CODE	TYPE Containers DM - METAL DRUM DP - PLASTIC DRUM
j. Description of Waste: Non-Frieble Asbestos	B - BAG k. Quantity Units No. TYPE BA - 6 MIL. PLASTIC BAG
	O T O THER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is rany applicable state law, has been properly described, classified and packaged, ar applicable regulations; AND, if the waste is a treatment residue of a previously re Restrictions, I certify and warrant that the waste has been treated in accordance with hazardous waste as defined by 40 CFR Part 261.  Generator Authorized Agent Name	nd is in proper condition for transportation according to P - POUNDS  stricted hazardous waste subject to the Land Disposal V - VARDS
Section II TRANSPORTER (Generator o	cy Response:  Transporter I complete e-g omplete a-d: Transporter II complete h-n )
TRANSPORTER I	TRANSPORTER II
a. Name: Hazmat Environmental Group, Inc.	h. Name:
b. Address:60 Commerce Drive	i. Address:
Buffalo, NY 14218	
c. Driver Name/Title: Day el Brown Dr. ver	i Driver Name/Title
d. Phone No.: 716-827-7200 e. Truck No.: 56	j. Driver Name/Title:
f. Vehicle License No./State: 72. 9875 MY	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
g. Insid British G60598  Shipment Date	nShipment Date
Section III DESTINATION (Generator con	npletes a-d, destination site completes e-f.)
a. Site Name: Niagara Recycling, Inc.	c. Phone No.: 716-285-3344
o. Physical Address: 56th St. & Niagara Falls Blvd.	d. Mailing Address
Niagara Falls, NY 14304	
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the	best of my knowledge the foregoing is true and accurate.
Name of Authorized Agent Signature	Receipt Date
Section IV ASBESTOS (Generator com	plete a.d. f, g, Operator* completes e.)
a. Operator's* Name: EarthTech	b. Operator's* Phone No.: 804-354-6437
. Operator's* Address: 2229 Tomlynn Street, Richmond,	Virginia 23230
Special Handling Instructions and additional information:	
<b>OPERATOR'S CERTIFICATION:</b> I hereby declare that the contents of this consignment is acked, marked, and labeled, and are in all respects in proper condition for transport by	ent are fully and accurately described above by proper shipping name and are classified, highway according to applicable international and government regulations.
o. Operator's* Name & Title:	Operator's Signature Date
Name and Address of Responsible Agency: USEPA Region II, Edison, New	
Friable; Non-friable; Both % friable	100 % nonfriable



If waste is asbestos waste, complete Sections I, II, III and IV.

If waste is <u>NOT</u> asbestos waste, complete only Sections I, II and III.

No. 340509

	erator completes all of Section ().
a. Generator Name: USEPA Region II b	Generating Location: Bossert Manufacturing Site
c. Address 2890 Woodbridge	Address: 1002 Oswego Street
Edison, NJ 08817	Utica, NY 13502
e. Phone No.: 732-591-2278	Phone No.: 315-734-1394 .
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name:	Owner's Phone No.:
i. BFI WASTE CODE	TYPE  Containers DM - METAL DRUM DP - PLASTIC DRUM
j. Description of Waste: Non-Friable Asbestos	k: Quantity Units No. TYPE B - BAG BA - 6 MIL. PLASTIC BAG
	T - TRUCK O - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is no any applicable state law, has been properly described, classified and packaged, an applicable regulations; AND, If the waste is a treatment residue of a previously respectively. I certify and warrant that the waste has been treated in accordance with the hazardous waste as defined by 40 CFR Part 26f.  ACK D. HAMON Generator Authorized Agent Name	d is in proper condition for transportation according to stricted hazardous waste subject to the Land Disposal he requirements of 40 CFR Part 268 and is no longer a P - POUNDS Y - YARDS M³ - CUBIC METERS Y³ - CUBIC YARDS O - OTHER
Section II TRANSPORTER (Generator of	cy Response: Shipment Date Transporter I complete e-g
TRANSPORTER I	TRANSPORTER II
a. Name: Hazmat Environmental Group, Inc.	h. Name:
b. Address:60 Commerce Drive	i. Address:
Buffalo, NY 14218	
c. Driver Name/Title: Daniel Brung Driver	i. Driver Name/Title:
d. Phone No.: 716-827-7200 e. Truck No.: 56	PRINT/TYPE
f. Vehicle License No./State: PC 98 75 MY	
Acknowledgement of Receipt of Materials.	m. Vehicle License No./State:
g Osned Brown 060598  Shipment Date	n
	Driver Signature Shipment Date pletes a-d, destination site completes e-f.)
a. Site Name: Niagara Recycling, Inc.	c. Phone No.: 716-285-3344
b. Physical Address: 56th St. & Niagara Falls Blvd.	d. Mailing Address
Niagara Falls, NY 14304	
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the I	pest of my knowledge the foregoing is true and accurate.
f. Pam Scott Pam Scott Name of Authorized Agent Signature	060598 =60
	Receipt Date
a. Operator's* Name:EarthTech	b. Operator's* Phone No.: 804-354-6437
c. Operator's Address: 2229 Tomlynn Street, Richmond,	
d. Special Handling Instructions and additional information:	•
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment packed, marked, and labeled, and are in all respects in proper condition for transport by	int are fully and accurately described above by proper shipping name and are classified,
	2 Coch O
e. Operator's* Name & Title: Print/Type  f. Name and Address  IISEPA Region II Edicon Note  IISEPA Region II Edicon Note  IISEPA Region II Edicon Note  IISEPA Region II Edicon Note  IISEPA Region II Edicon Note  IISEPA Region II Edicon Note  IISEPA Region II Edicon Note  IISEPA Region II Edicon Note  IISEPA Region III Edicon Note  III Edicon Note	Operator's Signature  Date
of Responsible Agency: USEPA Region II, Edison, New	
g  Friable; Non-friable; Both % friable %	00 % nonfriable



If waste is asbestos waste, complete Sections I, II, III and IV.

If waste is NOT asbestos waste, complete only Sections I, II and III.

No. 340510

Section 1 GENERATOR (Gene	rator completes all of Section I)
a. Generator Name: USEPA Region 11 b.	Generating Location: Bossert Hanufacturing Site
c. Address 2390 Woodbridge d.	Address: 1002 Oswego Street
Edison, NJ 08817	Utica, NY 13502
e. Phone No.: 732-591-2278 f.	Phone No.: 315-734-1394
If owner of the generating facility differs from the generator, provide:	Thoroton.
g. Owner's Name: h.	Owner's Phone No.:
i. BFI WASTE CODE	TYPE Containers DM - METAL DRUM
	DP - PLASTIC DRUM B - BAG
j. Description of Waste: Non-Friable Asbestos	k, Quantity Units No. TYPE BA - 6 MIL PLASTIC BAG or WRAP
<u> </u>	OOOSO VOI TO TRUCK
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not any applicable state law, has been properly described, classified and packaged, and applicable regulations; AND, if the waste is a treatment residue of a previously	I is in proper condition for transportation according to P - POUNDS  tricted hazardous waste subject to the Land Disposal Y - YARDS
Section II TRANSPORTER (Generator on	Transporter I complete e-g mplete a-d; Transporter II complete h-n; )
TRANSPORTER I	TRANSPORTER II
a. Name: Razmat Environmental Group, Inc.	h. Name:
b. Address: 60 Commerce Drive	i. Address:
Buffalo, NY 14218	
c. Driver Name/Title: TIMOTHY J. O'HARA (BOINCE)	j. Driver Name/Title:
d. Phone No.: 716-827-7200 PRINT/TYPE e. Truck No.: <u>R77-4</u>	k. Phone No.: I. Truck No.:
f. Vehicle License No./State: PX 5496 (NV)	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
g. John J. O'Hang 060898 Shipment Date	n
	Driver Signature Shipment Date  pletes a-d, destination site completes e-f.)
a. Site Name: Niagara Recycling. Inc.	c. Phone No.: 716-285-3344
b. Physical Address: Soth St. & Niagara Falls Blvd.	d. Mailing Address
Niagera Falla, NY 14304	
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the b	pest of my knowledge the foregoing is true and accurate.
and the state of the control of the state of	
f. Name of Authorized Agent Signature	Receipt Date
Section IV ASBESTOS (Generalor comp	plete a-d, i, g, Operator completes e.)
a. Operator's* Name: <b>EarthTech</b>	b. Operator's* Phone No.: 804-354-6437
c. Operator's Address: 2229 Tomlyon Street, Richmond, N	
d. Special Handling Instructions and additional information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignme packed, marked, and labeled, and are in all respects in proper condition for transport by	nt are fully and accurately described above by proper shipping name and are classified, highway according to applicable international and government regulations.
e. Operator's* Name & Title:	Operator se Signature Date
f. Name and Address of Responsible Agency: USEPA Region II, Edison, New	Jersey 08817
g. 🗌 Friable; 🔼 Non-friable; 🔲 Both % friable	100 % nonfriable



If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III.

No. 340510

	te, complete only sections I, II and III.
	Generator completes all of Section 1)
a. Generator Name: USEPA Region II	b. Generating Location: Bossert Manufacturing Site
c. Address 2890 Woodbridge	d. Address: 1002 Oswego Street
Edison, NJ 08817	Utica, NY 13502
e. Phone No.: 732-591-2278	f. Phone No.: 315-734-1394
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name:	h. Owner's Phone No.:
i. BFI WASTE CODE	Containers DM - METAL DRUM DP - PLASTIC DRUM
j. Description of Waste: Non-Friable Asbestos	k. Quantity Units No. TYPE BA - 6 MIL. PLASTIC BAG
	OOOSO V 0 1 T T - TRUCK O - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material any applicable state law, has been properly described, classified and packaged applicable regulations; AND, if the waste is a treatment residue of a previously Restrictions, I certify and warrant that the waste has been treated in accordance what is a state of the control of t	I, and is in proper condition for transportation according to P - POUNDS  y restricted hazardous waste subject to the Land Disposal Y - YARDS
	tor complete a-d; Transporter I complete e-g; )
TRANSPORTER I	TRANSPORTER II
A. Name: Hazmat Environmental Group, Inc.	h. Name:
b. Address: 60 Commerce Drive	i. Address:
Buffalo, NY 14218	i. Address.
c. Driver Name/Title: TIMOTHY J. O'HARA (MIVER)	j. Driver Name/Title:
d. Phone No.: 716-827-7200 e. Truck No.: R72-4	k. Phone No.: PRINT/TYPE
f. Vehicle License No./State: PX5496 (NY)	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
g. Involta J. O'Hang 06089.  Driver Signature Shipment Date	n. Shipment Date
• • • • • • • • • • • • • • • • • • • •	completes a-d, destination site completes e-f.)
a. Site Name:Niagara Recycling, Inc.	c. Phone No.: 716-285-3344
b. Physical Address: 56th St. & Niagara Falls Blvd.	d. Mailing Address
Niagara Falls, NY 14304	
Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to	the best of my knowledge the foregoing is true and accurate.
. Pam Scott Pam Sco	11 060819B san60
f. Name of Authorized Agent Signature	Receipt Date
Section IV ASBESTOS (Generator	complete a-d, f, g, Opérator completes é.)
a. Operator's* Name: EarthTech	b. Operator's* Phone No.:804-354-6437
c. Operator's Address: 2229 Tomlynn Street, Richmond	l, Virginia 23230
d. Special Handling Instructions and additional information:	
	inment are fully and accurately described above by proper shipping name and are classified,
e. Operator's* Name & Title:	RM according to applicable International and government regulations.
f. Name and Address of Responsible Agency: USEPA Region II, Edison, Ne	Operators Signature  Date  Date  Date
g.  Friable;  Non-friable;  Both % friable	100
y	100 % nonfriable





If waste is asbestos waste, complete Sections I, II, III and IV.

.... No. 340511

If waste is NOT aspestos waste	, complete only Sections I, II and III.
Section I GENERATOR (Ge	enerator completes all of Section I)
a. Generator Name: USEPA Region II	b. Generating Location: Bossert Manufacturing Site
c. Address 2890 Woodbridge	d. Address: 1002 Oswego Street
Edison, NJ 08817	Utica, NY 13502
e. Phone No.:	f. Phone No.: 315-734-1394
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name:	h. Owner's Phone No.:
i. BFI WASTE CODE	TYPE  Containers DM - METAL DRUM DP - PLASTIC DRUM
j. Description of Waste: Non-Friable Asbestos	k. Quantity Units No. TYPE B - BAG BA - 6 MIL. PLASTIC BAG
OFNEDATORIO OFDITION 15	T - TRUCK O - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is any applicable state law, has been properly described, classified and packaged, applicable regulations; AND, if the waste is a treatment residue of a previously in Restrictions, I certify and warrant that the waste has been treated in accordance with hazardous waste as defined by 40 CFR Part 261.  Generator Authorized Agent Name  Signature	and is in proper condition for transportation according to restricted hazardous waste subject to the Land Disposal the the requirements of 40 CFR Part 268 and is no longer a M³ - CUBIC METERS Y³ - CUBIC YARDS O - OTHER
Section II TRANSPORTER (Generator	ency Response: Shipment Date Transporter I complete e-g.
TRANSPORTER (Generator	TRANSPORTER II
a Name: Hazmat Environmental Group, Inc.	h. Name:
b. Address: 60 Commerce Drive	i. Address:
Buffalo, NY 14218	1. Address.
c. Driver Name/Title: PRINT/TYPE	Driver Norma (Title)
d. Phone No.: 716-827-7200 e. Truck No.: 5/	j. Driver Name/Title:
f. Vehicle License No./State: 26875	k, Phone No.:
Acknowledgement of Receipt of Materials.	m. Vehicle License No./State:
g. Driver Signature Stripment Date	7 n
	Driver Signature Shipment Date  ompletes a-d, destination site completes e-f.)
a. Site Name: Niagara Recycling, Inc.	c. Phone No.: 716-285-3344
o. Physical Address: 56th St. & Riagara Falls Blvd.	d. Mailing Address
Niagara Falls, NY 14304	d. Maining Address
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the	e best of my knowledge the foregoing is true and accurate.
*	
Name of Authorized Agent Signature	
	Receipt Date  implete a-d, f, g, Operator* completes e.)
a. Operator's* Name: EarthTech	b. Operator's* Phone No.: 804-354-6437
c. Operator's Address: 2229 Tomlynn Street, Richmond,	
d. Special Handling Instructions and additional information:	
	ment are fully and accurately described above by proper shipping name and are classified, by highway according to applicable international and government regulations.
e. Operator's* Name & Title:	Operator's Signature Date
of Responsible Agency: USEPA Region II, Edison, New	Jersey 08817
g. 🗌 Friable; 🔼 Non-friable; 🔲 Both % friable	100 % nonfriable

Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is <u>NOT</u> asbestos waste, complete only Sections I, II and III.

No. 340511

	O TOOLL
	erator completes all of Section t).
a. Generator Name: USEPA Region II b	Generating Location: Bossert Manufacturing Site
c. Address 2890 Woodbridge d	Address: 1002 Oswego Street
Edison, NJ 08817	Utica, NY 13502
e. Phone No.: 732-591-2278 f.	Phone No.: 315-734-1394
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name: h.	Owner's Phone No.:
i. BFI WASTE CODE	Containers DM - METAL DRUM DP - PLASTIC DRUM
j. Description of Waste: Non-Friable Asbestos	k Quantity Units No. TYPE B - BAG BA - 6 MIL. PLASTIC BAG
	OOO > O V O I T T TRUCK
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not any applicable state law, has been properly described, classified and packaged, and applicable regulations; AND, If the waste is a treatment residue of a previously result of the structure of the waste has been treated in accordance with the hazardous waste as defined by 40 CFR Part 26.  Can be a supplicable of the waste is a treatment residue of a previously result of the waste has been treated in accordance with the waste has been treated in	d is in proper condition for transportation according to stricted hazardous waste subject to the Land Disposal he requirements of 40 CFR Part 268 and is no longer a P POUNDS Y - YARDS M³ - CUBIC METERS Y³ - CUBIC YARDS O - OTHER
	cy Response: Shipment Date
TRANSPORTER I	Transporter I complete e-g  Transporter II complete h-n-)  TRANSPORTER W
a Name: Hazmat Environmental Group, Inc.	TRANSPORTER II
	h. Name:
	i. Address:
Buffalo, NY 14218	The state of the s
E. Driver Name/Title: Deniel Brown Driver	j. Driver Name/Title:
d. Phone No.: 116-827-7200 e. Truck No.: 56	k. Phone No.: I. Truck No.:
f. Vehicle License No./State: YC9875  Acknowledgement of Receipt of Materials.	m. Vehicle License No./State:
g. David Brown 060898	n. Driver Signature Shipment Date
Section III DESTINATION (Generator com	Diriver signature Shipment Date pletes a-d, destination site completes e-f.)
a. Site Name: Niagara Recycling, Inc.	c. Phone No.: 716-285-3344
b. Physical Address: 56th St. & Niagara Falls Blvd.	d. Mailing Address
Niagara Falls, NY 14304	d. Walling Address
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the	pest of my knowledge the foregoing is true and accurate
Henry OLIVER Ja. Menny alliver Signature	Receipt Date
Section IV ASBESTOS (Generator comp	plete a-d, f, g, Operator completes e.).
a. Operator's* Name: EarthTech	b. Operator's* Phone No.: 804-354-6437
c. Operator's* Address: 2229 Tomlynn Street, Richmond, V	/irginia 23230
d. Special Handling Instructions and additional information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignme backed, marked, and labeled, and are in all respects in proper condition for transport by	nt are fully and accurately described above by proper shipping name and are classified, highway according to applicable international and government regulations.
Operator's* Name & Title: Print/Type  Name and Address	Operator's Signature Date
of Responsible Agency: USEPA Region II, Edison, New 3	
I. Friable; Non-friable; Both % friable1	.00 % nonfriable





If waste is asbestos waste, complete Sections I, II, III and IV. If waste is <u>NOT</u> asbestos waste, complete only Sections I, II and III.

Section 1 GENERATOR (Gene	rator completes all of Section I)	
a. Generator Name: USEPA Region II b.	Generating Location: Bossert Manufacturing Site	
c. Address 2890 Woodbridge d.	Address: 1002 Oswego Street	
Edison, NJ 08817	Utica, NY 13502	
	Phone No.: 315-734-1394	
If owner of the generating facility differs from the generator, provide:		
g. Owner's Name: h.	Owner's Phone No.:	
i. BFI WASTE CODE	TYPE  Containers DM - METAL DRUM DP - PLASTIC DRUM B - BAG	
j. Description of Waste: Non-Friable Asbestos	k. Quantity Units No. TYPE BA - 6 MIL. PLASTIC BAG or WRAP T - TRUCK	
CENERATOR'S CERTIFICATION. I hamby partify that the above mand material is an	TO TO THERE	
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.  Generator Authorized Agent Name  Signature  Signatu		
Lor pmerken	cy Response: Shipment Date Transporter I complete e-g propiete a-d; Transporter II complete h-n)	
TRANSPORTER I	TRANSPORTER II	
a. Name: Hazmat Environmental Group, Inc.	h. Name:	
b. Address: 60 Commerce Drive	i. Address:	
Buffalo, NY 14218		
c. Driver Name/Title: Dr. VA	j. Driver Name/Title:	
d. Phone No.: 716-827-7200 PRINT/TYPE e. Truck No.: 56	k. Phone No.: I. Truck No.:	
f. Vehicle License No./State: R 9K 75 v/	m. Vehicle License No./State:	
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.	
g. Driver Signature Suprem O60598 Shipment Date	n Shipment Date	
Section III DESTINATION (Generator com	pletes a-d, destination site completes e-f.)	
a. Site Name: Niagara Recycling, Inc.	c. Phone No.: 716-285-3344	
b. Physical Address: 56th St. & Niagara Falls Blvd.	d. Mailing Address	
Niagara Falls, NY 14304		
e. Discrepancy Indication Space:		
I hereby certify that the above named material has been accepted and to the l	pest of my knowledge the foregoing is true and accurate.	
f. Name of Authorized Agent Signature	Receipt Date	
	plete a-d, T. g, Operator* completes e.)	
a. Operator's* Name: BarthTech b. Operator's* Phone No.: 804-354-6437		
c. Operator's Address: 2229 Tomlynn Street, Richmond,	Virginia 23230	
d. Special Handling Instructions and additional information:		
<b>OPERATOR'S CERTIFICATION:</b> I hereby declare that the contents of this consignment packed, marked, and labeled, and are in all respects in proper condition for transport by	ent are fully and accurately described above by proper shipping name and are classified, highway according to applicable international and government regulations.	
e. Operator's* Name & Title: Print/Type	Operator's Signature Date	
f. Name and Address of Responsible Agency: USEPA Region II, Edison, New		
g.  Friable;  Non-friable;  Both  % friable  %	100 % nonfriable	



If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III.

	enerator completes all of Section 1)
a. Generator Name: USEPA Region II	b. Generating Location: Bossert Manufacturing Site .
c. Address 2890 Woodbridge	d. Address: 1002 Oswego Street
Edison, NJ 08817	Utica, NY 13502
700 501 0070	f. Phone No.: 315-734-1394
If owner of the generating facility differs from the generator, provide:	The final control of the first
g. Owner's Name:	h. Owner's Phone No.:
	TYPE
i. BFI WASTE CODE	Containers DM - METAL DRUM DP - PLASTIC DRUM
j. Description of Waste: Non-Friable Asbestos	k. Quantity Units No. TYPE BA - 6 MIL PLASTIC BAG
	T - TRUCK O - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material any applicable state law, has been properly described, classified and packaged, applicable regulations; AND, if the waste is a treatment residue of a previously Restrictions, I certify and warrant that the waste has been treated in accordance w hazardous waste as defined by 40 CFR Part 261.	and is in proper condition for transportation according to restricted hazardous waste subject to the Land Disposal Y - YARDS
Generator Authorized Agent Name Signature For France	ency Response: Shipment Date
	or complete a-d, fransporter II complete a-g )
TRANSPORTER I	TRANSPORTER II
a. Name: Hazmat Environmental Group, Inc.	h. Name:
b. Address: 60 Commerce Drive	i. Address:
Buffalo, NY 14218	
c. Driver Name/Title: Daviel Brown Drive	j. Driver Name/Title: PRINT/TYPE
d. Phone No.: 716-827-7200 e. Truck No.: 56	k. Phone No.: PRINT/TYPE
f. Vehicle License No./State: PC 98 75 W	in. Vehicle License No-/State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
o Daniel Brown 060998	3 n.
Driver Signature Shipment Date Section III DESTINATION (Generator	Driver Signature Shipment Date  completes a-d, destination site completes e-f.)
a. Site Name: Niagara Recycling, Inc.	c. Phone No.: 716-285-3344
b. Physical Address: 56th St. & Niagara Falls Blvd.	
Niagara Falls, NY 14304	
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the	the best of my knowledge the foregoing is true and accurate.
, Pam Scott Pam &c	ott 060998 san6D
Name of Authorized Agent Signature	Receipt Date
	complete a-d, f, g, Operator completes e.)
a. Operator's Name: <u>EarthTech</u>	b. Operator's* Phone No.: <u>204-354-6437</u>
c. Operator's Address: 2229 Tomlynn Street, Richmond	, Virginia 23230
d. Special Handling Instructions and additional information:	
packed, marked, and labeled, and are in all respects in proper condition for transpor	nment are fully and accurately described above by proper shipping name and are classified, t by highway according to applicable international and government regulations.
e. Operator's* Name & Title: Print/Type	Operator's Signature ON Date Date
f. Name and Address of Responsible Agency: USEPA Region II, Edison, Ne	w Jersey 08817
g.  Friable;  Non-friable;  Both % friable	100 % nonfriable



If waste is asbestos waste, complete Sections I, II, III and IV.

If waste is <u>NOT</u> asbestos waste, complete only Sections I, II and III.

Section I GENERATOR (G	enerator completes all of Section I)
a. Generator Name: USEPA Region II	b. Generating Location: Bossert Manufacturing Site
c. Address 2890 Woodbridge	d. Address: 1002 Oswego Street
Edison, NJ 08817	Utica, NY 13502
e. Phone No.:	f. Phone No.: 315-734-1394
If owner of the generating facility differs from the generator, provide:	1. Thore to:.
g. Owner's Name:	h. Owner's Phone No.:
i. BFI WASTE CODE	Containers DM - METAL DRUM DP - PLASTIC DRUM
j. Description of Waste: _Non-Friable Asbestos	B - BAG k, Quantity Units No. TYPE BA - 6 MIL. PLASTIC BAG
	T - TRUCK O - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is any applicable state law, has been properly described, classified and packaged, applicable regulations; AND, if the waste is a treatment residue of a previously Restrictions, I certify and warrant that the waste has been treated in accordance with hazardous waste as defined by 40 CFR Part 26.	and is in proper condition for transportation according to restricted hazardous waste subject to the Land Disposal th the requirements of 40 CFR Part 268 and is no longer a    O   O   Q   S      P - POUNDS   Y - YARDS   M³ - CUBIC METERS   Y³ - CUBIC YARDS   O - OTHER
Generator Authorized Agent Name Signature For Exerge	ency Response: Shipment Date
Section II TRANSPORTER (Generato	
TRANSPORTER I	TRANSPORTER II
a. Name: Hazmat Environmental Group, Inc.	h. Name:
b. Address: 60 Courserce Drive	i. Address:
Buffalo, NY 14218	
c. Driver Name/Title: TIMOTHY J. OHARA (DRIVER)	
d. Phone No.: 716-827-7200 e. Truck No.: R72-4	k. Phone No.: l. Truck No.:
f. Vehicle License No./State: PX5496 WY)	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
g. Lowelly JOHans 06999	n
Section III DESTINATION (Generator of	completes and, destination site completes e-f.)
a. Site Name: Niagara Recycling, Inc.	c. Phone No.: 716-285-3344
b. Physical Address: 56th St. & Niagara Falls Blvd.	d. Mailing Address
Niagara Falls, NY 14304	
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the	ne best of my knowledge the foregoing is true and accurate.
f	
Name of Authorized Agent  Section IV  ASBESTOS (Generator or	Receipt Date
7	omplete a-d; f, g, Operator completes e:)
2020 8 3 7	b. Operator's* Phone No.: <u>804-354-6437</u> , Virginia 23230
c. Operator's* Address:	TILBENIA ESESO
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consign packed, marked, and labeled, and are in all respects in proper condition for transport	nment are fully and accurately described above by proper shipping name and are classified, by highway according to applicable international and government regulations.
e. Operator's* Name & Title: PrintType	M 21 Control DEDAME
f. Name and Address of Responsible Agency: USEPA Region II, Edison, New	part .
g. Friable; Non-friable; Both % friable %	100 % nonfriable
* Operator refers to the company which owns, leases, operates, controls, or supervises	s the facility being demolished or renovated, or the demolition or renovation operation, or both.



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is NOT asbestos waste, complete only Sections I, II and III.

Section I GENERATOR (o	enerator completes all of Section I)
a. Generator Name: USEPA Region II	b. Generating Location: Bossert Manufacturing Site
c. Address 2890 Woodbridge	d. Address: 1002 Oswego Street
Edison, NJ 08817	Utica, NY 13502
e. Phone No.: 732–591–2278	f. Phone No.: 315-734-1394
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name:	h. Owner's Phone No:-
i. BFI WASTE CODE	TYPE Containers, DM - METAL DRUM DP - PLASTIC DRUM
j. Description of Waste: Non-Friable Asbestos	k. Quantity Units No. TYPE BA - 6 MIL. PLASTIC BAG
	T - TRUCK O - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material any applicable state law, has been properly described, classified and packaged, applicable regulations; AND, if the waste is a treatment residue of a previously Restrictions, I certify and warrant that the waste has been treated in accordance w hazardous waste as defined by 40 CFR Part 26.	and is in proper condition for transportation according to restricted hazardous waste subject to the Land Disposal Y - YARDS
	ency Response: Shipment Date 3,
	Transporter I complete e-g. ) Transporter II complete h-n.)
TRANSPORTER I	TRANSPORTER II
a Name: Hazmat Environmental Group, Inc.	h. Name: <u>e</u>
b. Address: 60 Commerce Drive	i. Address:
Buffalo, NY 14218	
c. Driver Name/Title: TIMOTHY J. O'HARA (ORIVER	
d. Phone No.: 716-827-7200 e. Truck No.: 1772-4	k. Phone No.: k. Truck No.:
f. Vehicle License No./State: PX5496 RY)	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
o /mothy / Others 06099	8 .
Driver Signature Shipment Date Section III DESTINATION (Generator	Driver Signature Shipment Date  completes a-d, destination site completes e-f.)
a. Site Name: Niagara Recycling, Inc.	c. Phone No.: 716-285-3344
b. Physical Address: 56th St. & Niagara Falls Blvd.	d. Mailing Address
Niagara Falls, NY 14304	
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to t	he best of my knowledge the foregoing is true and accurate.
Pam Scott Pam Late Name of Authorized Agent Signature	t 060998 son6D
	complete a-d, f, g, Operator* completes e.)
a. Operator's* Name: EarthTech	b. Operator's* Phone No.: 804-354-6437
c. Operator's Address: 2229 Tonlynn Second Richmond	
d. Special Handling Instructions and additional information:	
	nment are fully and accurately described above by proper shipping name and are classified, t by highway according to applicable international and government regulations.
e. Operator's* Name & Title: LOS CR 1	Operator's Signature Date
f. Name and Address of Responsible Agency: USEPA Region II, Edison, Ne	
g. Friable; Non-friable; Both % friable	100 % nonfriable



No. 240514

	enerator completes all of Section I)
a. Generator Name: USEPA Region II	
AAAA ++	b. Generating Location: Bossert Manufacturing Site
c. Address Z890 Woodbridge  Kdison, NJ 08817	d. Address: 1002 Oswego Street
700 001 0000	Utica, NY 13502
e. Phone No.: 732-591-2278  If owner of the generating facility differs from the generator, provide:	f. Phone No.: 315-734-1394
g. Owner's Name:	h. Owner's Phone No.:
g. Cimici o Name.	T. Owner's Fillone No
i. BFI WASTE CODE	Containers DM - METAL DRUM DP - PLASTIC DRUM B - BAG
j. Description of Waste: Non-Priable Asbestos	k. Quantity Units No. TYPE BA - 6 MIL. PLASTIC BAG or WRAP
	T TRUCK O I T O THER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is any applicable state law, has been properly described, classified and packaged, applicable regulations; AND, If the waste is a treatment residue of a previously Restrictions, I certify and warrant that the waste has been treated in accordance with hazardous waste as defined by 40 CFR Part 261.  Generator Authorized Agent Name  Signature  For Emerge	and is in proper condition for transportation according to P - POUNDS  restricted hazardous waste subject to the Land Disposal V - VARDS
	r complete a-d; Transporter I complete e-g )
TRANSPORTER I	TRANSPORTER II
a. Name: Hazmat Environmental Group, Inc.	h. Name:
b. Address: 60 Commerce Drive	i. Address:
Buffalo, NY 14218	
c. Driver Name/Title: TIMOTHY J. O'HARA (ORIVE	j. Driver Name/Title:
d. Phone No.: 716-827-7200 PRINT/TYPE e. Truck No.: 472-4	k. Phone No.: Print/TYPE
f. Vehicle License No./State: PX5496 (NV)  Acknowledgement of Receipt of Materials.	m. Vehicle License No./State:  Acknowledgement of Receipt of Materials.
g. Driver Signature Shirment Date	Z n
	Driver Signature Shipment Date  ompletes a-d, destination site completes e-f,)
a. Site Name: Niagera Recycling, Inc.	c. Phone No.: 716-285-3344
b. Physical Address: 56th St. & Niagera Palla Blvd.	d. Mailing Address
Niegara Falls. NY 14304	a. Maining / Add 1055
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the	e best of my knowledge the foregoing is true and accurate.
Name of Authorized Agent Signature	Parint Data
	Receipt Date  proplete a-d, f, g, Operator* completes e.)
a. Operator's* Name: EarthTech	b. Operator's* Phone No.: 804-354-6437
c. Operator's* Address: 2229 Tomlynn Street, Richmond,	
d. Special Handling Instructions and additional information:	
DPERATOR'S CERTIFICATION: I hereby declare that the contents of this consigning packed, marked, and labeled, and are in all respects in proper condition for transport to the content of t	ment are fully and accurately described above by proper shipping name and are classified, by highway according to applicable international and government regulations.
Operator's* Name & Title:	Operator's Stignature Date
of Responsible Agency: USEPA Region II, Edison, New	
J. 🗌 Friable; 👢 Non-friable; 🔲 Both % friable	100 % nonfriable



If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III.

	, complete only Sections I, II and III.
	enerator completes all of Section I)
a. Generator Name: USEPA Region II	b. Generating Location: Bossert Manufacturing Site
c. Address 2890 Woodbridge	d. Address: 1002 Oswego Street
Edison, NJ 08817	Utica, NY 13502
	f. Phone No.: 315-734-1394
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name:	h. Owner's Phone No.:
i. BFI WASTE CODE	Containers DM - METAL DRUM DP - PLASTIC DRUM B - BAG
j. Description of Waste: Non-Friable Asbestos	k Quantity. Units No. TYPE BA - 6 MIL PLASTIC BAG or WRAP
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is any applicable state law, has been properly described, classified and packaged, applicable regulations; AND, If the waste is a treatment residue of a previously Restrictions, I certify and warrant that the waste has been treated in accordance with hazardous waste as defined by 40 CFR Part 261.  Generator Authorized Agent Name  Signature	and is in proper condition for transportation according to restricted hazardous waste subject to the Land Disposal the requirements of 40 CFR Part 268 and is no longer a CUBIC METERS Y <sup>3</sup> - CUBIC YARDS O - OTHER
// For Emerge	ncy kesponse:
Section II TRANSPORTER (Generate TRANSPORTER I	r complete a-d; Transporter I complete e-g (Transporter II complete h-n )
a. Name: Hazmat Environmental Group, Inc.	TRANSPORTER II
	h. Name:
b. Address: 60 Commerce Drive	i. Address:
Buffalo, NY 14218  c Driver Name/Title TIMOTHY J. O'HARA ORIVO	
PRINT/TYPE	PRINT/TYPE
d. Phone No.: 716-827-7200 e. Truck No.: 272-4	k. Phone No.:
f. Vehicle License No./State: PX5496 (NV) Acknowledgement of Receipt of Materials.	m. Vehicle License No./State:
De al Maril	Actiowedgement of receipt of Materials.
g. Joseph J. Oldan 06 10 7 2	n Driver Signature Shipment Date
Section III . DESTINATION (Generator of	completesta-d, destination site completes e-f.)
a. Site Name: Niagara Recycling, Inc.	c. Phone No.: 716-285-3344
b. Physical Address: 56th St. & Niagara Falls Blvd.	d. Mailing Address
Niagara Falls, NY 14304	
g: Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the	ne best of my knowledge the foregoing is true and accurate.
f. Pom Scott Pom J.  Name of Authorized Agent Signature	cott -0610-98 san60
	omplete a-d. f, g, Operator completes e.)
a. Operator's* Name:	b. Operator's* Phone No.: 804-354-6437
c. Operator's Address: 2229 Tomlynn Street, Richmond,	
d. Special Handling Instructions and additional information:	
	nment are fully and accurately described above by proper shipping name and are classified, by highway according to applicable international and government regulations.
e. Operator's" Name & Title: LON COSSON	EN 22 CONSO DOLLINGIS
f. Name and Address of Responsible Agency: USEPA Region II, Edison, New	Operator's Signature Date
	100 % nonfriable



If waste is asbestos waste, complete Sections I, II, III and IV.

No. 3/0515

ii waste is <u>NOT</u> aspestos waste	s, complete only Sections 1, II and III.
Section I GENERATOR (G	enerator completes all of Section I)
a. Generator Name: USEPA Region II	b. Generating Location: Bossert Manufacturing Site
c. Address 2890 Woodbridge	d. Address: 1002 Oswego Street
Edison, NJ 08317	Utica, NY 13502
e. Phone No.: 732-591-2278	f. Phone No.: 315-734-1394
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name:	h. Owner's Phone No.:
i. BFI WASTE CODE	TYPE Containers DM - METAL DRUM
	Containers DM - METAL DRUM DP - PLASTIC DRUM B - BAG
j. Description of Waste: Non-Friable Asbestos	k. Quantity Units No. TYPE BA - 6 MIL. PLASTIC BAG or WRAP
	T -TRUCK O -OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is any applicable state law, has been properly described, classified and packaged, applicable regulations; AND, If the waste is a treatment residue of a previously Restrictions, I certify and warrant that the waste has been treated in accordance with hazardous waste as defined by 40 CFR Part 261	and is in proper condition for transportation according to restricted hazardous waste subject to the Land Disposal th the requirements of 40 CFR Part 268 and is no longer a Y - YARDS M³ - CUBIC METERS Y³ - CUBIC YARDS O - OTHER
Generator Authorized Agent Name Signature For Emerge	ency Response: Shipment Date
Section II TRANSPORTER (Generator	
	TRANSPORTER II
a. Name: Hazmat Environmental Group, Inc.	h. Name:
b. Address: 60 Commerce Drive	i. Address:
Buffelo, NY 14218	
c. Driver Name/Title: IMOTHY DHARA ODIUS	j. Driver Name/Title:
d. Phone No.: 716-827-7200 e. Truck No.: 477-4	k. Phone No.: I. Truck No.:
f. Vehicle License No./State:	m. Vehicle License No./State:  Acknowledgement of Receipt of Materials.
g. John Johns Gliffy Shipment Date	n
	completes a-d, destination site completes e-f.)
a. Site Name: Niagara Recycling, Inc.	c. Phone No.: 716-285-3344
b. Physical Address: 56th St. & Niegara Falls Blvd.	d. Mailing Address
Niagara Palla, NY 14304	
e. Discrepancy Indication Space:	<u> </u>
I hereby certify that the above named material has been accepted and to the	ne best of my knowledge the foregoing is true and accurate.
energia en la composición del composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición del composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la co	
Name of Authorized Agent Signature	Receipt Date
Section IV ASBESTOS (Generator of	omplete a-d, f, g, Operator* completes e.)
a. Operator's* Name: EarthTech	b. Operator's* Phone No.: 204-354-6437
c. Operator's Address: 2229 Tonlynn Street, Richmond,	Virginia 23230
d. Special Handling Instructions and additional information:	
<b>OPERATOR'S CERTIFICATION:</b> I hereby declare that the contents of this consign packed, marked, and labeled, and are in all respects in proper condition for transport	nment are fully and accurately described above by proper shipping name and are classified, by highway according to applicable international and government regulations.
e. Operator's* Name & Title: Print/Type	Operator's Signature Date
f. Name and Address of Responsible Agency: USEPA Region II, Edison, New	
g.  Friable;  Non-friable;  Both % friable	100 % nonfriable



If waste is asbestos waste, complete Sections I, II, III and IV.

If waste is <u>NOT</u> asbestos waste, complete only Sections I, II and III.

No. 340515

Section I GENERATOR (C	Senerator completes all of Section 1)
a, Generator Name: USEPA Region II	b. Generating Location: Bossert Manufacturing Site
c. Address 2890 Woodbridge	d. Address: 1002 Oswego Street
Edison, NJ 08817	Utica, NY 13502
e. Phone No.: 732-591-2278	f. Phone No.: 315-734-1394
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name:	h. Owner's Phone No.:
i. BFI WASTE CODE	Containers  DM - METAL DRUM DP - PLASTIC DRUM B - BAG
j. Description of Waste: Non-Friable Asbestos	k Quantity Units No. TYPE BA - 6 MIL PLASTIC BAG
	DOOSO 4 0 1 T T TRUCK O OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material any applicable state law, has been properly described, classified and packaged, applicable regulations; AND, if the waste is a treatment residue of a previously Restrictions, I certify and warrant that the waste has been treated in accordance w hazardous waste as defined by 40 CFR Part 261	and is in proper condition for transportation according to P - POUNDS restricted hazardous waste subject to the Land Disposal Y - YARDS
Generator Authorized Agent Name Signature For Emerg	ency Response: Shipment Date
	pr complete a-d; Transporter II complete e-g )
TRANSPORTERY	TRANSPORTER II
a. Name: Hazmat Environmental Group, Inc.	h. Name:
b) Address: 60 Commerce Drive	i. Address:
Buffalo, NY 14218	
c. Driver Name/Title: //WOTHY DHARA DRIVE	j. Driver Name/Title:
d. Phone No.: 716-827-7200 e. Truck No.: 272-4	PRINT/TYPE  k. Phone No.:  I. Truck No.:
f. Vehicle License No./State: PX5496 (NY)	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
g. Johnston J.O. Hang 06 11 9 Shipment Date	n. Driver Signature Shipment Date
	Driver Signature Shipment Date  completes a-d, destination site completes e-f.)
a. Site Name: Niagara Recycling, Inc.	c. Phone No.: 716-285-3344
b. Physical Address: 56th St. & Niagara Falls Blvd.	d. Mailing Address
Niagara Falls, NY 14304	
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to t	he best of my knowledge the foregoing is true and accurate.
f. Pam Scott Pam La Signature	cott 061198 san6D
Section IV ASBESTOS (Generator of	complete a-d; f; g; Operator* completes e;)
a. Operator's Name: EarthTech	b. Operator's* Phone No.: 804-354-6437
c. Operators* Address: 2229 Tomlynn Street, Richmond	, Virginia 23230
d. Special Handling Instructions and additional information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consig packed, marked, and labeled, and are in all respects in proper condition for transpor	nment are fully and accurately described above by proper shipping name and are classified, t by highway according to applicable international and government regulations.
e. Operator's* Name & Title: Print/Type	Operator's Gighature Date
f. Name and Address of Responsible Agency: USEPA Region II, Edison, Ne	
g. Friable; Non-friable; Both % friable	100 % nonfriable



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is <u>NOT</u> asbestos waste, complete only Sections I, II and III.

Section I GENERATOR (Ger	nerator completes all of Section I).
a. Generator Name: USEPA Region II	b. Generating Location: Bossert Manufacturing Site
OGAA SILLAMAAA	d. Address: 1002 Oswego Street
Edison, NJ 08817	Utica, NY 13502
e. Phone No.: 132-371-2275  If owner of the generating facility differs from the generator, provide:	f. Phone No.: 315-734-1394
	h. Owner's Phone No.:
g. Owner or realist.	TYPE
i. BFI WASTE CODE	Containers DM - METAL DRUM DP - PLASTIC DRUM B - BAG
j. Description of Waste: Non-Friable Asbestos	_ k. Quantity Units No. TYPE BA - 6 MIL. PLASTIC BAG or WRAP T - TRUCK O - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is any applicable state law, has been properly described, classified and packaged, a applicable regulations; AND, if the waste is a treatment residue of a previously reflections, I certify and warrant that the waste has been treated in accordance with hazardous waste as defined by 40 CFR Part 261  Generator Authorized Agent Name  Signature	not a hazardous waste as defined by 40 CFR Part 261 or nd is in proper condition for transportation according to estricted hazardous waste subject to the Land Disposal the requirements of 40 CFR Part 268 and is no longer a CUBIC METERS Y3 - CUBIC MARDS O - OTHER
1 Lot metile:	ncy Response: Shipment Date
Section II TRANSPORTER (Generator of TRANSPORTER I	
a. Name: Hazmat Environmental Group, Inc.	TRANSPORTER II
(A A b	h. Name:
	I. Address:
Buffalo, NY 14218	
c. Driver Name/Title: TIMOTHY J. OHIVA (DAILUA)	j. Driver Name/Title: PRINT/TYPE
d. Phone No.: 716-827-7200 e. Truck No.: 477-4	k. Phone No.: I. Truck No.:
f. Vehicle License No./State: PX5476 (N4)	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
g. Driver Signature O 6 / 2 9 8	n Shipment Date
Section III DESTINATION (Generator con	mpletes a-d, destination site completes e-f.)
a. Site Name: Niagara Recycling, Inc.	c. Phone No.: 716-285-3344
b. Physical Address: 56th St. & Niagara Falls Blvd.	d. Mailing Address
Niagara Falls, NY 14304	
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the	best of my knowledge the foregoing is true and accurate.
en de la companya de la companya de la companya de la companya de la companya de la companya de la companya de	
Name of Authorized Agent Signature	Receipt Date
17 1. HO 1.	nplete a-d, f, g, Operator* completes e.)
2090 # 1 # 27.1 * 2	b. Operator's* Phone No.: 894-354-6437  Virginia 23230
d. Special Handling Instructions and additional information:	Arrante 7770
packed, marked, and labeled, and are in all respects in proper condition for transport by	nent are fully and accurately described above by proper shipping name and are classified, y highway according to applicable international and government regulations.
e. Operator's* Name & Title: Print/Type	Operator Signature Date
of Responsible Agency: USEPA Region II, Edison, New	Jersey 08817
g	100 % nonfriable
Operator refers to the company which owns, leases, operates, controls, or supervises the	he facility being demolished or renovated, or the demolition or renovation operation, or both.



If waste is asbestos waste, complete Sections I, II, III and IV.

No. 3/05/6

If waste is <u>NOT</u> aspestos wast	te, complete only Sections I, II and III.
Section I GENERATOR (	Generator completes all of Section I)
'a. Generator Name: USEPA Region II	b. Generating Location: Bossert Manufacturing Site
c. Address 2890 Woodbridge	d. Address: 1002 Oswego Street
Edison, NJ 08817	Utica, NY 13502
e. Phone No.: 732-591-2278	f. Phone No.; 315-734-1394
If owner of the generating facility differs from the generator, provide:	F. A Horie May
g. Owner's Name:	h. Owner's Phone No.:
i. BFI WASTE CODE	TYPE
	Containers DM - METAL DRUM DP - PLASTIC DRUM B - BAG
j. Description of Waste: Non-Friable Asbestos	k Quantity Units No. TYPE BA - 6 MIL PLASTIC BAG
	OOOZO Y 0 1 T T TRUCK O - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material any applicable state law, has been properly described, classified and packaged applicable regulations; AND, if the waste is a treatment residue of a previously Restrictions, I certify and warrant that the waste has been treated in accordance waste has been treated in accordance waste as defined by 40 CFR Part 261.	I, and is in proper condition for transportation according to P - POUNDS  y restricted hazardous waste subject to the Land Disposal Y - YARDS
JACK D. HORMON Jack D. Han	OGVZSK O-OTHER
	gency Response: Shipment Date
	Irensporter I complete e-g. ) for complete a-d. Transporter II complete h-n )
TRANSPORTER I	TRANSPORTER II
a. Name: Hazmat Environmental Group, Inc.	h. Name:
b. Address: 60 Commerce Drive	i. Address:
Buffalo, NY 14218	
c. Driver Name/Title: TIMOTHY J. O'HARA (DRIVE	
d. Phone No.: 716-827-7200 PRINT/TYPE e. Truck No.: 477-4	PRINT/TYPE  k. Phone No.:  I. Truck No.:
f. Vehicle License No./State: PX5496 (NY)	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
g. Isrolly Office Office Scientific Shipment Data	<b>7</b> n
on princing base	Driver Signature Shipment Date  completes a-d, destination site completes e-f.)
a. Site Name: Niagara Recycling, Inc.	c. Phone No.: 716-285-3344
b. Physical Address: 56th St. & Niagara Falls Blvd.	d. Mailing Address
Niagara Falls, NY 14304	
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to	the best of my knowledge the foregoing is true and accurate.
f. Pam Scott Pam Scott Name of Authorized Agent Signature	DGI1298 san6D
Section IV ASBESTOS (Generator	complete a-d, f, g, Operator* completes e.)
a. Operator's* Name: <u>EarthTech</u>	b. Operator's* Phone No.: 804-354-6437
c. Operator's Address: 2229 Tomlynn Street, Richmond	· · · · · · · · · · · · · · · · · · ·
d. Special Handling Instructions and additional information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignacked, marked, and labeled, and are in all respects in proper condition for transport	nment are fully and accurately described above by proper shipping name and are classified, t by highway according to applicable international and government regulations.
e. Operator's* Name & Title: LOROY COSSICO , R	M SCROOM DENTITY
f. Name and Address of Responsible Agency: USEPA Region II, Edison, Ne	Operator Signature Date  W Jersey 08817
g. 🗌 Friable; 🗵 Non-friable; 🗌 Both % friable	100 % nonfriable



REORDER ONLY THROUGH BFI / UARCO CONTRACT

### NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I. II at

No. 340517

Ø

	nerator completes all of Section I)
a. Generator Name: USEPA Region II	b. Generating Location: Bossert Manufacturing Site
	d. Address: 1902 Oswego Street
Edison, NJ 08817	Utica, NY 13502
If owner of the generating facility differs from the generator, provide:	f. Phone No.: 315-734-1394
g. Owner's Name:	h. Owner's Phone No :
	.TYPE
i. BFI WASTE CODE	Containers DM - METAL DRUM DP - PLASTIC DRUM B - BAG
j. Description of Waste: Non-Friable Asbestos	_ k. Quantity Units No. TYPE BA - 6 MIL. PLASTIC BAG or WRAP
3 ·	
	P - POUNDS estricted hazardous waste subject to the Land Disposal in the requirements of 40 CFR Part 268 and is no longer a  The requirements of 40 CFR Part 268 and is no longer a  CUBIC METERS  3 - CUBIC YARDS  O - OTHER  Response:
Section II TRANSPORTER (Generator	Transporter I complete e-g (Complete a-d; Transporter II complete h-n
** TRANSPORTER I	TRANSPORTER II
a. Name: Hazmat Environmental Group, Inc.	
b. Address: 60 Commerce Drive	i. Address:
Buffalo, NY 14218	
c. Driver Name/Title: TIMOTHY J. O'HARA (DANK)	i Driver Name/Title:
d. Phone No.: 716-827-7200 e. Truck No.: 472-4	j. Driver Name/Title:
f. Vehicle License No./State:	k. Phone No.: 1. Truck No.:
Acknowledgement of Receipt of Materials.	m. Vehicle License No./State:
g. Driver Signature Object 9 8	n
	mpletes a-d, destination site completes e-f.)
a. Site Name: Niagara Recycling, Inc.	c. Phone No.: 716-285-3344
b. Physical Address: 56th St. & Niagara Falls Blvd.	d. Mailing Address
Niagara Falls, NY 14304	
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the	best of my knowledge the foregoing is true and accurate.
	·
f	Positi Poto
Section IV. ASBESTOS (Generator cor	Receipt Date
a. Operator's* Name: EarthTech	
c. Operator's Address: 2229 Towlynn Street, Richmond,	b. Operator's* Phone No.: 804-354-6437
	Virginia 23230
d. Special Handling Instructions and additional information:  OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consider	nent are fully and accurately described above by proper shipping name and are classified
packed, marked, and labeled, and are in all respects in proper condition for transport b	y highway according to applicable international and government regulations.
e. Operator's* Name & Title: Print/Type	Operator's Signature Date
f. Name and Address of Responsible Agency: USEPA Region II, Edison, New	Jersey 08817
g. Friable; Non-friable; Both % friable	·



If waste is asbestos waste, complete Sections I, II, III and IV.

If waste is NOT asbestos waste, complete only Sections I, II and III.

	enerator completes all of Section 1).
a. Generator Name: USEPA Region II	b. Generating Location: Bossert Manufacturing Site
c. Address 2890 Woodbridge	d. Address: 1002 Oswego Street
Edison, NJ 08817	Utica, NY 13502
e. Phone No.: 732-591-2278	f. Phone No.: 315-734-1394
If owner of the generating facility differs from the generator, provide:	I. Fibile No. 323 734 2337
g. Owner's Name:	h. Owner's Phone No.:
i. BFI WASTE CODE	Containers DM - METAL DRUM DP - PLASTIC DRUM B - BAG
j. Description of Waste: Non-Friable Asbestos	k Quantity Units No. TYPE BA - 6 MIL PLASTIC BAG or WRAP
GENERATOR'S CERTIFICATION: I hereby certify that the above named material any applicable state law, has been properly described, classified and packaged, applicable regulations; AND, if the waste is a treatment residue of a previously Restrictions, I certify and warrant that the waste has been treated in accordance w hazardous waste as defined by 40 CFR Part 261.  Generalor Authorized Agent Name  Generalor Authorized Agent Name  For Emerger	and is in proper condition for transportation according to restricted hazardous waste subject to the Land Disposal ith the requirements of 40 CFR Part 268 and is no longer a cubic YARDS M³ - CUBIC METERS Y³ - CUBIC YARDS O - OTHER  ency Response: Shipment Date
Section II TRANSPORTER (Generate	or complete a-d; Transporter I complete e-g
TRANSPORTER I	TRANSPORTER II
a Name: Hazmat Environmental Group, Inc.	h. Name:
b. Address: 60 Commerce Drive	i. Address:
Buffalo, NY 14218	
c. Driver Name/Title: TIMOTHY J. O'HARA (DRIV	j. Driver Name/Title:
d. Phone No.: 716-827-7200 e. Truck No.: 472-4	RINT/TYPE k. Phone No.: l. Truck No.:
f. Vehicle License No./State: PX5496 (MY)	
Acknowledgement of Receipt of Materials.	m. Vehicle License No./State:
9 Minthe 1.0Hang 06/69	8 n
Driver Signature Shipment Date Section III DESTINATION (Generator	Driver Signature Shipment Date  completes a-d, destination site completes e-f.).
a. Site Name: Niagara Recycling, Inc.	c. Phone No.:716-285-3344
b. Physical Address: <u>56th St. &amp; Niagara Falls Blvd.</u>	
	d. Mailing Address
Discrepancy Indication Space:     I hereby certify that the above named material has been accepted and to the space.	the book of any impulation the favoragine is two and account.
$\sim$ $\epsilon$	me best of my knowledge the foregoing is tide and accurate.
f. Dam Scott Pam Scott Name of Authorized Agent Signature	OLIL98 son 6D Receipt Date
Section IV	complete a.d. f, g. Operator completes e.)
a. Operator's* Name: <u>EarthTech</u>	b. Operator's* Phone No::804-354-6437
c. Operators Address: -2229 Tomlynn Street, Richmond	, Virginia 23230
d. Special Handling Instructions and additional information:	
OPERATOR'S CERTIFICATION: A hereby declare that the contents of this consignacked, marked, and labeled, and are in all respects in proper condition for transport	nment are fully and accurately described above by proper shipping name and are classified, it by highway according to applicable international and government regulations.
e. Operator's* Name & Title: LOSO 1 CSS 221.	PM ST POLICE INGUISIS
f. Name and Address	Opérator's Signature Date
of Responsible Agency: <u>USEPA Region II</u> , Edison, Ne	
g. Friable; Non-friable; Both % friable	% nonfriable



If waste is asbestos waste, complete Sections I, II, III and IV.

If waste is <u>NOT</u> asbestos waste, complete only Sections I, II and III.

No. 340519

	y somplete strip cooleries, it did in
Section I GENERATOR (G	enerator completes all of Section I)
a. Generator Name: USEFA Region II	b. Generating Location: Bossert Manufacturing Site
c. Address 2890 Woodbridge	d. Address: 1062 Oswego Street
Edison, NJ 08817	Utica, NY 13502
e. Phone No.: 732-591-2278	f. Phone No.: 315-734-1394
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name:	h. Owner's Phone No.:
i. BFI WASTE CODE	TYPE  Containers DM - METAL DRUM  DP - PLASTIC DRUM
j. Description of Waste: Non-Friable Asbestes	k. Quantity Units No. TYPE BA - 6 MIL. PLASTIC BAG
- The state of the	OUOSO Q I T -TRUCK O - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is any applicable state law, has been properly described, classified and packaged, applicable regulations; AND, if the waste is a treatment residue of a previously Restrictions, I certify and warrant that the waste has been treated in accordance with hazardous waste as defined by 40 CFR Part 261	and is in proper condition for transportation according to restricted hazardous waste subject to the Land Disposal Y - YARDS
	ency Response: Shipment Date
	r complete a-d; Transporter I complete e-g Transporter II complete h-n
TRANSPORTER I  a. Name: Hazrat Environmental Group, Inc.	TRANSPORTER II.  h. Name:
b. Address: 60 Commerce Drive	i. Address:
Buffalo, NY 14218	
c. Driver Name/Title: TIMOTHY J. C'HARA GRID	Priver Name/Title:
d. Phone No.: 716-827-7200 PRINT/TYPE e. Truck No.: RTL-4	DDINTTO/OF
f. Vehicle License No./State: PX5496 WV/	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
g. Officer Signature Shipment Date	n
	Driver Signature Shipment Date completes e-f.)
a. Site Name: Niagara Recycling, Inc.	c. Phone No.:716-285-3344
b. Physical Address: 56th St. & Niegara Falla Blvd.	d. Mailing Address
Niagara Falls, NY 14304	
e. Discrepancy Indication Space:	
Thereby certify that the above named material has been accepted and to the	ne best of my knowledge the foregoing is true and accurate.
•	·
f. Name of Authorized Agent Signature	Receipt Date
	omplete a.d. 1, g. Operator completes e.)
a. Operator's* Name:BarthTech	b. Operator's* Phone No.: 804-354-6437
c. Operator's Address: 2229 Tomlynn Street, Richmond,	
d. Special Handling Instructions and additional information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consign packed, marked, and labeled, and are in all respects in proper condition for transport	iment are fully and accurately described above by proper shipping name and are classified, by highway according to applicable international and government regulations.
e. Operator's* Name & Title:	EN SECTIONS
Name and Address of Responsible Agency: USEPA Region II, Edison, New	
Friable; Non-friable; Both % friable	190 % nonfriable



If waste is asbestos waste, complete Sections I, II, III and IV.

If waste is NOT asbestos waste, complete only Sections I, II and III.

No. 340519

Section I GENERATOR (G	enerator completes all of Section ()
a Generator Name: USEPA Region II	b. Generating Location: Bossert Manufacturing Site
Address 2890 Woodbridge	d. Address: 1002 Oswego Street
5 Edison, NJ 08817	Utica, NY 13502
e. Phone No.: 732-591-2278	f. Phone No.: 315-734-1394
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name:	h. Owner's Phone No.:
i. BFI WASTE CODE	Containers DM - METAL DRUM DP - PLASTIC DRUM
j. Description of Waste: Non-Friable Asbestos	k. Quantity Units No. TYPE BA - 6 MIL PLASTIC BAG
	T TRUCK O OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is any applicable state law, has been properly described, classified and packaged, applicable regulations; AND, if the waste is a treatment residue of a previously Restrictions, I certify and warrant that the waste has been treated in accordance with hazardous waste as defined by 40 CFR Part 261  Generator Authorized Agent Name  Generator Authorized Agent Name  For Emerge	and is in proper condition for transportation according to restricted hazardous waste subject to the Land Disposal the requirements of 40 CFR Part 268 and is no longer a "P POUNDS Y - YARDS M³ - CUBIC METERS Y³ - CUBIC YARDS O - OTHER  Pancy Response: Shipment Date
Section II THANSPORTER (Generato	r complete a-d: Transporter I complete e-g Transporter II complete h-n )
TRANSPORTER I	TRANSPORTER II
a Name: Hazmat Environmental Group, Inc.	h. Name:
b. Address: 60 Commerce Drive	i. Address:
Buffalo, NY 14218	
C. Driver Name/Title: TIMOTHY J. O'HARA ORIV	j. Driver Name/Title:
d. Phone No.: 716-827-7200 e. Truck No.: ATL-4	
f. Vehicle License No./State: PX 5496 (V)  Acknowledgement of Receipt of Majerials.	m. Vehicle License No./State:  Acknowledgement of Receipt of Materials.
2-110//	7 January 1 Janu
g. Oriver Signature Shipment Date	7 n
	ompletes a-d, destination site completes e-f.)
a. Site Name: Niagara Recycling, Inc.	c. Phone No.: 716-285-3344
b. Physical Address: 56th St. & Niagara Falls Blvd.	d. Mailing Address
Niagara Falls, NY 14304	the state of the s
e. Discrepancy Indication Space:	Control of the second s
I hereby certify that the above named material has been accepted and to the	e best of my knowledge the foregoing is true and accurate.
Pam Scott Pom Scott Name of Authorized Agent Signature	t OLIBOR SON6D
Section IV ASBESTOS (Generator co	omplete a-d, f, g, Operator* completes e.)
a. Operator's* Name: EarthTech	b. Operator's* Phone No.:804-354-6437
c. Operator's* Address: 2229 Tomlynn Street, Richmond,	
d. Special Handling Instructions and additional information:	The call and the second of the
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consign packed, marked, and labeled, and are in all respects in proper condition for transport	ment are fully and accurately described above by proper shipping name and are classified, by highway according to applicable international and government regulations.
e. Operator's* Name & Title: Print/Type  Name and Address	PM Operator's Algorithms Object Objec
of Responsible Agency: USEPA Region II, Edison, New	
g. Friable; Non-friable; Both % friable	**nonfriable



If waste is asbestos waste, complete Sections I, II, III and IV.

No. 367533

it waste is <u>NO1</u> aspesios waste	e, complete only Sections I, II and III.
Section I GENERATOR (G	enerator completes all of Section ()
a. Generator Name: USEPA Region II	b. Generating Location: Bossert Manufacturing Site
c. Address	d. Address:
Edison, New Jersey 08817	Utica, NY 13502
732-591-2278	315-734-1394
e. Phone No.:  If owner of the generating facility differs from the generator, provide:	f. Phone No.:
g. Owner's Name:	h. Owner's Phone No.:
	TYPE
i. BFI WASTE CODE Non-Friable Asbestos	Containers DM - METAL DRUM DP - PLASTIC DRUM B - BAG
j. Description of Waste:	k. Quantity Units No. TYPE BA - 6 MIL. PLASTIC BAG or WRAP
	OCOSO (OI) TO TRUCK
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is any applicable state law, has been properly described, classified and packaged, applicable regulations; AND, if the waste is a treatment residue of a previously Restrictions, I certify and warrant that the waste has been treated in accordance with hazardous waste as defined by 40 CFR Part 261.  Generator Authorized Agent Name  Signature	and is in proper condition for transportation according to restricted hazardous waste subject to the Land Disposal th the requirements of 40 CFR Part 268 and is no longer a  Shipment Date  P - POUNDS Y - YARDS M³ - CUBIC METERS Y³ - CUBIC YARDS O - OTHER
Section II. TRANSPORTER (Generato	Transporter I complete e-g. () transporter II complete h-n.)
TRANSPORTER I	TRANSPORTER II
a. Name: Hazmat Environmental Croup, Inc.	h. Name:
b. Address: 60 Commerce Drive	i. Address:
Buffalo, NY 14218	
c. Driver Name/Title:	j. Driver Name/Title:
d. Phone No.: 716-827-7200 PRINT/TYPE e. Truck No.: 164	PRINT/TYPE k. Phone No.: l. Truck No.:
d. Phone No.: e. Truck No.: f. Vehicle License No./State: #W 9037  Acknowledgement of Receipt of Materials	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
g. To. 46 Source. 062998  Driver Signature Shipment Date	n
	Oriver Signature Shipment Date ompletes a-d, destination site completes e-f.)
a. Site Name: Niagara Recycling, Inc.	c. Phone No.: 716-225-3344
b. Physical Address: 5600 Niagara Falls Blvd.	Same
Niagara Falls, NY 14304	d. Mailing Address
Discrepancy Indication Space:     I hereby certify that the above named material has been accepted and to the	
riciosy octally that the above hamed material has been accepted and to the	e best of my knowledge the foregoing is true and accurate.
f	
Name of Authorized Agent Signature  Section IV ASBESTOS (Generator or	Receipt Date
/FarthTech	omplete a-d, f, g, Operator completes e.)  804-354-6437
a. Operator's Name:	b. Operator's Phone No.:
c. Operator's Address:	
d. Special Handling Instructions and additional information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consigning packed, marked, and labeled, and are in all respects in proper condition for transport to the content of t	ment are fully and accurately described above by proper shipping name and are classified, by highway according to applicable international and government regulations.
e. Operator's* Name & Title:	A COMMENT DEPOND
f. Name and Address  of Responsible Agency:  USEPA Region II, Edison, Net	Operator's Signature Date  W Jersey 08617
	100
o	% nonfriable



If waste is asbestos waste, complete Sections I, II, III and IV.

	enerator completes all of Section I)
a. Generator Name: USEPA Region II	b. Generating Location: Bossert Manufacturing Site
c. Address 2890 Woodbridge	1002 Oswego Street
Edison, New Jersey 08817	Utica, NY 13502
e. Phone No.: 732-591-2278	f. Phone No.: 315-734-1394
If owner of the generating facility differs from the generator, provide:	t. Prione No.:
g. Owner's Name:	h. Owner's Phone No.:
i. BFI WASTE CODE	Containers DM - METAL DRUM DP - PLASTIC DRUM
j. Deścription of Waste: Non-Friable Asbestos	k. Quantity  Units No. TYPE B - BAG BA - 6 MIL. PLASTIC BAG or WRAP  T - TRUCK
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is	To -OTHER
any applicable state law, has been properly described, classified and packaged, applicable regulations; AND, if the waste is a treatment residue of a previously Restrictions, I certify and warrant that the waste has been treated in accordance with bazardous waste as defined by 40 CFR Part 261  ACK D. HARMON  Generator Authorized Agent Name  Bigrature	and is in proper condition for transportation according to restricted hazardous waste subject to the Land Disposal Y - YARDS
Section II TRANSPORTER (Generate	Transporter I complete e-g
TRANSPORTER I	TRANSPORTER II
a Name: Hazmat Environmental Group, Inc.	h. Name:
b. Address: 60 Commerce Drive	i. Address:
Buffalo, NY 14218	
c. Driver Name/Title:	j. Driver Name/Title:
d. Phone No.: 716-827-7200 PRINT/TYPE e. Truck No.: 164	k. Phone No.: L Truck No.:
f. Vehicle License No./State: <u>Pw9037</u>	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.  G. Fronk & Source. 062298	Acknowledgement of Receipt of Materials.
Driver Signature Shipment Date  Section III DESTINATION (Generator)	Driver Signature Shipment Date
	completes a-d, destination site completes e-f.)
a. Site Name: Niagara Recycling, Inc.	c. Phone No.:716-285-3344
b. Physical Address: 5600 Niagara Falls Blvd.	d. Mailing AddressSame
Niagara: Falls, NY 14304	
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the	he best of my knowledge the foregoing is true and accurate.
f. Kathy PMK: eurn Kalley Name of Authorized Agent Signature	Sentucio 6 2 2 8 8
	omplete a-d, f, g, Operator* completes e.)
a. Operator's* Name: EarthTech	b. Operator's* Phone No.: 804-354-6437
c. Operator's Address: 2229 Tomlynn St., Richmond, V	
d. Special Handling Instructions and additional information:	
	ment are fully and accurately described above by proper shipping name and are classified,
e. Operator's* Name & Title: Long Casson, RM	by highway according to applicable international and government regulations.
f. Name and Address of Responsible Agency: USEPA Region II, Edison, Ne	Operator's Signature Date
g.  Friable;  Non-friable;  Both % friable	100 % nonfriable
Operator refers to the company which owns, leases, operates, controls, or supervises.	s the facility being demolished or renovated, or the demolition or renovation operation, or both.



If waste is asbestos waste, complete Sections I, II, III and IV.

If waste is <u>NOT</u> asbestos waste, complete only Sections I, II and III.

II Waste is INOT aspestos waste	, complete only Sections 1, It and III.
Section I GENERATOR (G	enerator completes all of Section 1)
a. Generator Name: USEPA Region II	b. Generating Location: Bossert Manufacturing Site
c. Address 2890 Woodbridge	d. Address: 1002 Oswago Street
Edison, NJ 08817	Utica, NY 13502
e. Phone No.:732-591-2278	f. Phone No.: 315-734-1394
If owner of the generating facility differs from the generator, provide:	1. 130HB NO
g. Owner's Name:	h. Owner's Phone No.:
: BELWACTE CODE	TYPE ISM MET (CONT.)
i. BFI WASTE CODE	Containers DM - METÂL DRÛM DP - PLASTIC DRUM B - BAG
j. Description of Waste: Non-Friable Asbestos	k. Quantity Units No. TYPE BA - 6 MIL. PLASTIC BAG
	COUPO TO TOTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is	
any applicable state law, has been properly described, classified and packaged, applicable regulations; AND, if the waste is a treatment residue of a previously residue.	restricted hazardous waste subject to the Land Disposal Y - YARDS
Restrictions, I certify and warrant that the waste has been treated in accordance with hazardous waste as defined by 40 CFR Part 26(1.	th the requirements of 40 CFR Part 268 and is no longer a M³ - CUBIC METERS Y³ - CUBIC YARDS
JACK D Harmon Jack D Han	O - OTHER
Generator Authorized Agent Name Sindeture	Shipment Date
	r complete a-d; Transporter I complete e-g r complete a-d; Transporter II complete h-n.)
TRANSPORTER I	TRANSPORTER II
a. Name: Razmat Environmental Group, Inc.	h. Name:
b. Address: 60 Commerce Drive	i. Address:
Buffalo, NY 14218	
c. Driver Name/Title: TIMOTHY J. OHARA	j. Driver Name/Title:
d. Phone No.: 716-827-7200 PRINT/TYPE e. Truck No.: #72-4	k. Phone No.: I. Truck No.:
f. Vehicle License No./State: PX5496 (WY)	<u> </u>
Acknowledgement of Receipt of Materials.	m. Vehicle License No./State:  Acknowledgement of Receipt of Materials.
20 Hay 062298	<b>a</b> l
Driver Signature Shipment Date	n Shipment Date
Section III DESTINATION (Generator of	ompletes a-d, destination site completes e-f.)
a. Site Name: Niegera Recycling, Inc.	c. Phone No.: 716-285-3344
b. Physical Address: 56th St. & Niagara Falls Blvd.	d. Mailing Address
Miagare Falls, NY 14304	
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the	e best of my knowledge the foregoing is true and accurate.
Name of Authorized Agent Signature	Receipt Date
Section IV ASBESTOS (Generator co	mplete à-d. f, g, Operator * completes e.)
a. Operator's* Name: <u> </u>	b. Operator's* Phone No.: 804-354-6437
c. Operator's Address: 2229 Tomlynn Street, Richmond,	
d. Special Handling Instructions and additional information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consigning the contents of the consigning the contents of the consigning the contents of the consigning the contents of the consigning the contents of th	ment are fully and accurately described above by proper shipping name and are classified,
packed, marked, and labeled, and are in all respects in proper condition for transport	by nignway according to applicable international and government regulations.
o. Operator's* Name & Title: Print/Type	Operator's Signature Date
Name and Address of Responsible Agency: USEPA Region II, Edison, Kew	
j. Friable; Non-friable; Both % friable	
% inable % inable	100 % nonfriable



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is <u>NOT</u> asbestos waste, complete only Sections I, II and III.

No. 340518

Section I GENERATOR (Ge	nerator completes all of Section I).
a. Generator Name: USEPA Region II	b. Generating Location: Bossert Manufacturing Site
none to the second	d. Address:1002 Oswego Street
Edison, NJ 08817	Utica, NY 13502
	f. Phone No.: 315-734-1394
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name:	h. Owner's Phone No.:
i. BFI WASTE CODE	Containers DM - METAL DRUM DP - PLASTIC DRUM
j. Description of Waste: Non-Friable Asbestos	k. Quantity Units No. TYPE BA - 6 MIL. PLASTIC BAG or WRAP
	ODDSO Y 0 1 T O - TRUCK O - OTHER
GENERATOR'S CERTIFICATION: I thereby certify that the above named material is any applicable state law, has been properly described, classified and packaged, at applicable regulations; AND, if the waste is a treatment residue of a previously reflections, I certify and warrant that the waste has been treated in accordance with hazardous waste as defined by 40 CFR Part 261.  The Company of the property of the pro	nd is in proper condition for transportation according to estricted hazardous waste subject to the Land Disposal the requirements of 40 CFR Part 268 and is no longer a high conditions of the condition of transportation according to P - POUNDS Y - YARDS M³ - CUBIC METERS Y³ - CUBIC YARDS O - OTHER
Section II TRANSPORTER (Generator	complete a-d. Transporter I complete e-g )
TRANSPORTER I	TRANSPORTER II
a Name: Hazmat Environmental Group, Inc.	h. Name:
b. Address: 60 Commerce Drive	i. Address:
Buffalo, NY 14218	
c. Driver Name/Title: TIMOTHY J. OHARA	j. Driver Name/Title:
d. Phone No.: 716-827-7200 PRINT/TYPE e. Truck No.: R72-4	PRINT/TYPE  k. Phone No.:  1. Truck No.:
f. Vehicle License No./State: PX5496 (WY)  Acknowledgement of Receipt of Materials.	m. Vehicle License No./State:  Acknowledgement of Receipt of Materials.
g Joseph J. O Hay 062298  Shipment Date	] n
	Driver Signature Shipment Date  mpletes a-d, destination site completes e-f,)
a. Site Name: Niagara Recycling, Inc.	c. Phone No.:716-285-3344
b. Physical Address: 56th St. & Niagara Falls Blvd.	d. Mailing Address
Niagara Falls, NY 14304	
Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the	best of my knowledge the foregoing is true and accurate.  We have a second part of the se
Section IVASBESTOS (Generator con	nplete a-d. f. g. Operator* completes a.)
a. Operator's* Name: <u>EarthTech</u>	b. Operator's* Phone No.: 804-354-6437
c. Operator's Address: 2229 Tomlynn Street, Richmond,	
d. Special Handling Instructions and additional information:	
DPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment of the constant nent are fully and accurately described above by proper shipping name and are classified, y highway according to applicable international and government regulations.	
e. Operator's* Name & Title: LOCOY CS. Py RM  Print/Type  Name and Address	Operator's Signature Date
of Responsible Agency: USEPA Region II, Edison, New	Jersey 08817
I. Friable; Non-friable; Both % friable	100 % nonfriable





If waste is asbestos waste, complete Sections I, II, III and IV.

If waste is <u>NOT</u> asbestos waste	e, complete only Sections I, II and III.
	enerator completes all of Section I)
a. Generator Name: USEPA Region II	b. Generating Location: Bossert Manufacturing Site
c. Address	d. Address:1002 Oswego Street
Edison, New Jersey 08817	Utica, NY 13502
732-591-2278 e. Phone No.:	5 Phone No. 315-734-1394
If owner of the generating facility differs from the generator, provide:	1. Thore No.:
g. Owner's Name:	h. Owner's Phone No.:
	TYPE
i. BFI WASTE CODE	Containers DM - METAL DRUM DP - PLASTIC DRUM
j. Description of Waste: Xon-Friable Asbestos	k. Quantity Units No. TYPE BA - 6 MIL. PLASTIC BAG
	OOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOO
GENERATOR'S CERTIFICATION: I hereby certify that the above named material	
any applicable state law, has been properly described, classified and packaged, applicable regulations; AND, if the waste is a treatment residue of a previously	and is in proper condition for transportation according to POUNDS
Restrictions, I certify and warrant that the waste has been treated in accordance w	ith the requirements of 40 CFR Part 268 and is no longer a M³ - CUBIC METERS
hazardous waste as defined by 40 CFR Part 261.	Y - CUBIC YARDS O - OTHER
Generator Authorized Agent Name Signature	Shipment Date
Section II TRANSPORTER (Generate	Complete e-g
TRANSPORTER I	TRANSPORTER II
Hozmat Environmental Group, Inc.	h. Name:
b. Address:	
Buffalo, NY 14218	i. Address:
a. Driver Name (Title)	- Prince Manua (Title
c. Driver Name/Title:	j. Driver Name/Title:
d. Phone No.:  716-827-7200  e. Truck No.:  f. Vehicle License No./State:	k. Phone No.: I. Truck No.:
f. Vehicle License No./State: 100 / Carlo Acknowledgement of Receipt of Materials.	
	Acknowledgement of Receipt of Materials.
g. Driver Signature Shipment Date	n
	Driver Signature Shipment Date  Completes a-d, destination site completes e-f.)
a. Site Name: Niagara Recycling, Inc.	c. Phone No.: 716-285-3344
b. Physical Address: 5600 Niagara Falls Blvd.	Same
Niagara Falls, NY 14304	d. Mailing Address
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to t	the best of my knowledge the foregoing is true and accurate.
(Control of the Control	
f. Name of Authorized Agent Signature	
	Receipt Date  complete a=d, f, g; Operator completes e.)
a. Operator's* Name: EarthTech	804-354-6437
c. Operator's Address: 2229 Tomlynn St., Richmond, V	b. Operator's* Phone No.:
d. Special Handling Instructions and additional information:	
packed, marked, and labeled, and are in all respects in proper condition for transpor	nment are fully and accurately described above by proper shipping name and are classified, t by highway according to applicable international and government regulations.
e. Operator's* Name & Title:	ETHTICA ALLOWED & DEPARTS
f. Name and Address USEPA Region II. Edison. Ne	Operator's Signature Date
or Hesponsible Agency:	100
g. Friable; Non-friable; Both % friable	% nonfriable
* Operator refers to the company which owns, leases, operates, controls, or supervise	es the facility being demolished or renovated, or the demolition or renovation operation, or both.



If waste is asbestos waste, complete Sections I, II, III and IV.

No 367508

_	:	If waste is NOT asbestos waste						00130	<b>.</b>
Ş	ection I	GENERATOR (G	ienerato	completes all	of Section	Ŋ.			
á	Generator Name: USEPA Regio	n II	b. Ge	nerating Loc	cation:	Bossert	Manufac	cturing S	ite
Q.	Address 2890 Woodbridge		d. Ad	dress:	1002	0swego	Street		
	Edison, New Jersey	08817		Utic	a, NY	13502			
e.	Phone No.: 732-591-2278	·	f. Ph	one No.:	315	5-734-13	94		
	owner of the generating facility differs fro	om the generator, provide:				•			
g.	Owner's Name:	The second of th	h. Ov	vner's Phone	9 No.:				
i.	BFI WASTE CODE					Conta	iners	DM - METAL DP - PLAST B - BAG	
j.	Description of Waste: Non-Fr1a	ble Asbestos	k: {	Quantity	30	Units No.	TYPE	BA - 6 MIL. O T - TRUCH	
	GENERATOR'S CERTIFICATION: I hereby	v certify that the above named material	— L isnotal	nazardous was	ste as defir	ned by 40 CFR			NITS
	any applicable state law, has been proper applicable regulations; AND, if the waste is Restrictions, I certify and warrant that the whazardous waste as defined by 40 CFR Paragraphic Department of the property of the proper	ty described, classified and packaged, s a treatment residue of a previously vaste has been treated in accordance w	and is restrict	in proper con ed hazardous	dition for to s waste su f 40 CFR F	ransportation a	ccording to nd Disposal	P - POUNI TO - YARDS M³ - CUBIC Y³ - CUBIC O - OTHER	DS S METERS YARDS
500	ection II	TRANSPORTER (Generate	or compl	Transete à-d: Trans	sporter I co	implete e-g )			
	TRANSPOI Name: <u>Hažmat Environme</u> nt	RTERI	, ,			TRAN	ISPORTER	П	
	60 Commones Dud								
D.	Address: Buffalo, NY 1	<del></del>	-  '	Address:		· <del>-</del> ···-			· · · · · · · · · · · · · · · · · · ·
_	E V	· · · · · · · · · · · · · · · · · ·	- .			<del> </del>			
	Phone No.: 716-827-7200	PRINT/TYPE C					PR	INT/TYPE	•
			k	. Phone No.	.:			I. Truck No.:	
	Vehicle License No./State: <u>Fw90</u> Acknowledgement of Receipt of Ma					./State: nt of Receipt		le	
g.	Fronk G. Bowy	cer. 06249	<b>8</b> ,	•	· · · · · · · · · · · · · · · · · · ·				
S	Driver Signature	Shipment Date  DESTINATION (Generator)	complete	Driver Signatu es a-d, destina		mpletes e-f.)		S	hipment Date
a.	Site Name: Niagara Recycli	ng, Inc.		: Phone No	. 716	6-285-33	44	,	•
		ara Falls Blvd.		d. Mailing Ad		Same	3		
	Niagara F	alls, NY 14304							
e	Discrepancy Indication Space:			,		-			
	hereby certify that the above named m	naterial has been accepted and to t	he best	of my know	ledge the	foregoing is	true and acc	urate.	
f.	Pam Scott Name of Authorized Agent	Pam Signature		[		2492 eipt Date	ر ا	an6D	
Si	ection IV	ASBESTOS (Generator o	complete	a-d, f, g, Ope		<u>'</u>			
a.	Operator's* Name: EarthTech			. Operator's		00	4-354-64	437	
C.	Operator's* Address: 2229 Tom	lynn St., Richmond,	Virgi	inia 2	3230				
d.	Special Handling Instructions and additi	ional information:							
OP pac	ERATOR'S CERTIFICATION: I hereby decked, marked, and labeled, and are in all res	clare that the contents of this consig spects in proper condition for transpor	nment a t by high	re fully and a	ccurately	described abo	ve by proper onal and gove	shipping name Inment regulation	and are classified,
е.	Operator's* Name & Title: Print/Type	(aerge/ 181	N		Operato	rs Signature	Son	24_0	62498 Date
	Name and Address	Region II, Edison, No	ew Je	rsey		,		0	
g. l	☐ Friable; 🏿 Non-friable; 🔲 Bo	oth % friable	100	% nor	nfriable	•			



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is <u>NOT</u> asbestos waste, complete only Sections I, II and III.

	ste, complete only Sections I, II and III.
	(Generator completes all of Section I)
a. Generator Name: USEPA Region II	b. Generating Location: Bossert Manufacturing Site
c. Address	d. Address:
Edison, New Jersey 08817	Utica, NY 13502
732-591-2278 e. Phone No.:	f. Phone No.: 315-734-1394
If owner of the generating facility differs from the generator, provide:	_ 1. Filohe No
g. Owner's Name:	h. Owner's Phone No.:
i. BFI WASTE CODE Non-Friable Asbestos	Containers DM - METAL DRUM DP - PLASTIC DRUM B - BAG
j. Description of Waste:	k. Quantity Units No. TYPE BA - 6 MIL PLASTIC BAC or WRAP  T - TRUCK OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named materia	al is not a hazardous waste as defined by 40 CFR Part 261 or UNITS
any applicable state law, has been properly described, classified and packaged applicable regulations; AND, If the waste is a treatment residue of a previous Restrictions, I certify and warrant that the waste has been treated in accordance hazardous waste as defined by 40 CFR Part 261.	ed, and is in proper condition for transportation according to sty restricted hazardous waste subject to the Land Disposal  Y - YARDS
Generator Authorized Agent Name Signature	Shipment Date
Section II TRANSPORTER (General	ator complete a-d; Transporter I complete e-g
TRANSPORTER I	TRANSPORTER II
a. Name: Hazmat Environmental Group, Inc.	h. Name:
b. Address:60 Commerce Drive	i. Address:
Buffalo, NY 14218	
c. Driver Name/Title: Jan Hy J. OffARA (Mis	VER)
716-827-7200 PRINT/TYPE D77/-4	j. Driver Name/Title: PRINT/TYPE
DYSGAL (AIV)	k. Phone No.: !. Truck No.:
f. Vehicle License No./State:  Aeknowledgement of Receipt of Materials.	m. Vehicle License No./State:  Acknowledgement of Receipt of Materials.
	n
Driver Signature / Shipment Date Section III DESTINATION (Generato	Driver Signature Shipment Date or completes a-d, destination site completes e-f.)
Niagara Recycling, Inc.	716-285-3344
a. Site Name:	c. Phone No.:
b. Physical Address:	d. Mailing Address
Niagara Falls, NY 14304	
e. Discrepancy Indication Space:	·
I hereby certify that the above named material has been accepted and to	the best of my knowledge the foregoing is true and accurate.
f.  Name of Authorized Agent  Signature	Receipt Date
	r complete a-0, f, g, Operator completes e.)
a. Operator's* Name: EarthTech	804-354-6437
c. Operator's* Address:	b. Operator's* Phone No.:
d. Special Handling Instructions and additional information:	
	signment are fully and accurately described above by proper shipping name and are classified by highway according to applicable international and government regulations.
e. Operator's* Name & Title:	The state of the s
f Name and Address	Operator's Signature Date
f. Name and Address  of Responsible Agency:  USEPA Region II, Edison, I	
g. Friable; Non-friable; Both % friable	100 % nonfriable

Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.



If waste is asbestos waste, complete Sections I, II, III and IV.

No 367509

If waste is <u>NOT</u> asbestos waste	, complete only Sections I, II and III.
Section I GENERATOR (Ge	enerator completes all of Section I)
a. «Generator Name: USEPA Region II	b. Generating Location: Bossert Manufacturing Site
2890 Woodbridge	d. Address: 1002 Oswego Street
Edison, New Jersey 08817	Utica, NY 13502
e. Phone No.:	f. Phone No.: 315-734-1394
	h. Owner's Phone No.:
	TYPE
i. BFI WASTE CODE	Containers DM - METAL DRUM DP - PLASTIC DRUM B - BAĞ
j. Description of Waste: Non-Friable Asbestos	k. Quantity Units No. TYPE BA - 6 MIL. PLASTIC BAG or WRAP
	_ OOOSO O 1 T T T TRUCK O THER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is any applicable state law, has been properly described, classified and packaged, applicable regulations; AND, if the waste is a treatment residue of a previously restrictions, I certify and warrant that the waste has been treated in accordance with hazardous waste as defined by 40 CFR Part 26.  Generator Authorized Agent Name  Signature	and is in proper condition for transportation according to restricted hazardous waste subject to the Land Disposal Y - YARDS
Section II TRANSPORTER (Generator	Fansporter Complete e-g 1
TRANSPORTER I	Complete a-d. Transporter it complete han )  TRANSPORTER II
a. Name: Hazmat Environmental Group, Inc.	h. Name:
b.*Address: 60 Commerce Drive	i. Address:
Buffalo, NY 14218	I. Address:
TOWARD LANGE	
C. Driver Name/Title: 7700 /// OF The PRINTTYPE	J. Driver Name/Title:
d. Phone No.: 716-827-7200 e. Truck No.: RTZ-4	k. Phone No.:
f. Vehicle License No./State: PX5476 WY)  Acknowledgement of Receipt of Materials.	m. Vehicle License No./State:
g Lently J. OHara 062498	P n
Section III Destination (Generator of	Driver Signature Shipment Date  Ompletes a-d, destination site completes e-f.)
a. Site Name: Niagara Recycling, Inc.	c., Phone No.: 716-285-3344
b. Physical Address: 5600 Niagara Falls Blvd.	d. Mailing Address Same
Niagara Falls, NY 14304	d. Mailing Address
	<del>_</del>
e. Discrepancy Indication Space:  I hereby certify that the above named material has been accepted and to the	o hoot of my knowledge the forestime is two and a surely
	•
f. Pam Scott Pam Scott Name of Authorized Agent Signature	+ C60498 Son6D
	omplete a-d, f, g, Operator* completes e.)
a: Operator's* Name:EarthTech	b. Operator's* Phone No.: 804-354-6437
c. Operator's* Address: 2229 Tomlynn St., Richmond, V	
d. Special Handling Instructions and additional information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consigning packed, marked, and labeled, and are in all respects in proper condition for transport	ment are fully and accurately described above by proper shipping name and are classified, by highway according to applicable international and government regulations.
e. Operator's* Name & Title: PrintType	BUPISION SALOOD A
f. Name and Address of Responsible Agency: USEPA Region II, Edison, Ne	Operator's Signature Date  W Jersey 08817
g.  Friable;  Non-friable;  Both  % friable	100 % nonfriable
o	



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is <u>NOT</u> asbestos waste, complete only Sections I, II and III.

No. 367552

If waste is NOT asbestos waste,	, complete only Sections I, II and III.
Section I GENERATOR (Ge	riterator completes all of Section ()
usepa Region II a. Generator Name:	b. Generating Location: Bossert Manufacturing Site
2890 Woodbridge	d. Address:
Edison, New Jersey 08817	Utica, NY 13502
732-591-2278	315-734-1394
e. Phone No.:  If owner of the generating facility differs from the generator, provide:	f. Phone No.:
•	h. Owner's Phone No.:
y. Owner's realite.	TYPE
i. BFI WASTE CODE Non-Friable Asbestos	Containers DM - METAL DRUM DP - PLASTIC DRUM B - BAG
j. Description of Waste:	k. Quantity Units No. TYPE BA - 6 MIL. PLASTIC BAG
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is any applicable state law, has been properly described, classified and packaged, a applicable regulations; AND, if the waste is a treatment residue of a previously restrictions, I certify and warrant that the waste has been treated in accordance with hazardous waste as defined by 40 CFR Part 261.  Generator Authorized Agent Name  Signature	and is in proper condition for transportation according to restricted hazardous waste subject to the Land Disposal the requirements of 40 CFR Part 268 and is no longer a  M³ - CUBIC METERS  Y³ - CUBIC YARDS
Section II TRANSPORTER (Generator	complete a.d. Transporter L complete e-g. )
TRANSPORTER I	TRANSPORTER II
Haznat Environmental Group, Inc.	h. Name:
b. Address: 60 Commerce Drive	i. Address:
Buffalo, NY 14218	_ I. Address.
a. Phinas Name (Title)	
c. Driver Name/Title:	j. Driver Name/Title:
d. Phone No.: PRINT/TYPE e. Truck No.: 164	k. Phone No.: I. Truck No.:
f. Vehicle License No./State: Process of Materials.	m. Vehicle License No./State:
	Acknowledgement of Receipt of Materials.
g. Driver Signature Shipment Date	∟  n
	Driver Signature Shipment Date  Ompletes a-d, destination site completes e-f.)
Niagara Recycling, Inc.	716-285-3344
5600 Niagara Falls Blvd.	c. Phone No.:
b. Physical Address: Niagara Falls, NY 14304	d. Mailing Address
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the	a best of my knowledge the foregoing is true and accurate.
* <b>f.</b>	
Name of Authorized Agent Signature	Receipt Date
Section IV ASBESTOS (Generator co	mplete a-d, f, g, Operator completes e,)
a. Operator's* Name: 2223 Tomlynn St., Richmond, V.	b. Operator's* Phone No.:
c. Operator's* Address:	irginia 23230
d. Special Handling Instructions and additional information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignrepacked, marked, and labeled, and are in all respects in proper condition for transport to	ment are fully and accurately described above by proper shipping name and are classified, by highway according to applicable international and government regulations.
e. Operator's* Name & Title:	A A A SOUTH CONTRACTOR
f. Name and Address  USEPA Region II. Edison. New	Operator's Signature Date  Value Jersey 08817
of Hesponsible Agency:	100
g. 🗌 Friable; 🏲 Non-friable; 🔲 Both % friable	% nonfriable



If waste is asbestos waste, complete Sections I, II, III and IV.

If waste is NOT asbestos waste, complete only Sections I, II and III.

No. 367532

	rator completes all of Section ()
a. Generator Name: USEPA Region II b.	Generating Location: Bossert Manufacturing Site
	Address: 1002 Oswego Street
Edison, New Jersey 08817	Utica, NY 13502
e. Phone No.: 732–591–2278 f.	Phone No. 315-734-1394
If owner of the generating facility differs from the generator, provide:	Filone No
g. Owner's Name: h.	Owner's Phone No
	TYPE
i. BFI WASTE CODE Non-Friable Asbestos	Containers DM - METAL DRUM DP - PLASTIC DRUM B - BAG
j. Description of Waste: NON-FITABLE ASSESTOR	k. Quantity Units No. TYPE BA - 6 MIL PLASTIC BAG or WRAP
The state of the s	OOBOY 01 TOTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is no any applicable state law; has been properly described, classified and packaged, and applicable regulations; AND, if the waste is a treatment residue of a previously rest Restrictions, I certify and warrant that the waste has been treated in accordance with the hazardous waste as defined by 40 CFR Part 261.  Generator Authorized Agent Name  Signature	I is in proper condition for transportation according to tricted hazardous waste subject to the Land Disposal he requirements of 40 CFR Part 268 and is no longer a Y - YARDS M³ - CUBIC METERS Y³ - CUBIC YARDS O - OTHER
Section II TRANSPORTER (Generator co	Transporter I complete e-g
TRANSPORTER I	TRANSPORTER II
a. Name: Hazmat Environmental Group, Inc.	'
b. Address: 60 Commerce Drive	h. Name: i. Address:
Buffalo, NY 14218	1. 7,00,000
,k	- <u></u>
c. Driver Name/Title: PRINT/TYPE	j. Driver Name/Title:
d. Phone No.: 716-827-7200 e. Truck No.: 164	k. Phone No.: I. Truck No.:
f. Vehicle License No./State: PW 9037  Acknowledgement of Receipt of Materials.	m. Vehicle License No./State:  Acknowledgement of Receipt of Materials.
. Fronk 6 Dowyn. 062598	n
Driver Signature Shipment Date Section, III DESTINATION (Generator com	Driver Signature Shipment Date pletes a.d, destination site completes e.f.)
a. Sife Name: Niagara Recycling, Inc.	716 205 2244
5600 Micross Pollo Pland	_ c. Phone No.: 710-283-3344 Same
b. Thysical Address.	d. Mailing Address
Niagara Falls, NY 14304	
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the t	pest of my knowledge the foregoing is true and accurate.
f. Pam Scott Pam Scott Signature Signature	062598 San6D
A	olete a-g, f, g, Operator completes e.}
a. Operator's* Name: EarthTech	b. Operator's* Phone No.: 804-354-6437
c. Operator's Address: 2229 Tomlynn St., Richmond, Vi	
d. Special Handling Instructions and additional information:	
<b>OPERATOR'S CERTIFICATION:</b> I hereby declare that the contents of this consignme packed, marked, and labeled, and are in all respects in proper condition for transport by	ent are fully and accurately described above by proper shipping name and are classified, highway according to applicable international and government regulations.
e. Operator's* Name & Title: Print/Type	M 2000 DO DATE DATE
f. Name and Address of Responsible Agency: USEPA Region II, Edison, New	
g.  Friable;  Non-friable;  Both % friable 1	00 % nonfriable



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is NOT asbestos waste, complete only Sections I, II and III. No. 367511

Section I GENERATOR (G	ionerator completes all of Section I)
a. Generator Name:	b. Generating Location:  Bossert Manufacturing Site
2890 Woodbridge	1002 Oswego Street
c. Address 08817	d. Address:
732-591-2278	315-734-1394
e. Phone No.:	f. Phone No.:
g. Owner's Name:	h. Owner's Phone No.:
	TYPE LOW MET IN DOUBLE
i. BFI WASTE CODE Non-Friable Asbestos	Containers DM - METAL DRUM DP - PLASTIC DRUM B - BAG
j. Description of Waste:	k. Quantity Units No. TYPE BA - 6 MIL. PLASTIC BAG or WRAP
	O 1 T TRUCK O - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is any applicable state law, has been properly described, classified and packaged, applicable regulations; AND, if the waste is a treatment residue of a previously Restrictions, I certify and warrant that the waste has been treated in accordance with hazardous waste as defined by 40 CFR Part 261.  Generator Authorized Agent Name  Signature	and is in proper condition for transportation according to restricted hazardous waste subject to the Land Disposal ith the requirements of 40 CFR Part 268 and is no longer a Shipment Date  P - POUNDS Y - YARDS M³ - CUBIC METERS Y³ - CUBIC YARDS O - OTHER
Section II TRANSPORTER (Generato	or complete a.d; Transporter I complete e-g
TRANSPORTER I  a. Name:Hazmat Environmental Group, inc.	TRANSPORTER II  h. Name:
b. Address: 60 Cownerce Drive	i. Address:
Buffalo, NY 14218	I. Address.
c. Driver Name/Title: TIMOTHY J. O'IMRA'ORI	W(N)
716-827-7200 PRINT/TYPE #77 4	j. Driver Name/Title:
Pring(INV)	
f. Vehicle License No./State:	m. Vehicle License No./State:
o day 20 Hours 06 25 92	<sup>3</sup> n
	Driver Signature Shipment Date completes a-d, destination site completes e-f.)
a. Site Name:	c. Phone No.:
b. Physical Address: 5600 Niagara Falls Blvd.	d. Mailing Address
Niagara Falls, NY 14304	
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the	he best of my knowledge the foregoing is true and accurate.
f. Name of Authorized Agent Signature	Receipt Date
	complete a-d, f, g, Operator* completes e:)
a. Operator's Name: EarthTech  2229 Tomlynn St., Richmond, V	b. Operator's* Phone No.: 504-354-6437
c. Operator's* Address:	Virginin 23230
d. Special Handling Instructions and additional information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignated, marked, and labeled, and are in all respects in proper condition for transport	nment are fully and accurately described above by proper shipping name and are classified, t by highway according to applicable international and government regulations.
e. Operator's* Name & Title:	<u> </u>
f. Name and Address  of Responsible Agency:  Output  DefinitType  USEPA Region II, Edison, No.	Operator's Signature Date Date OBE17
g.  Friable; Non-friable; Both % friable %	100 % nonfriable



If waste is asbestos waste, complete Sections I, II, III and IV.

If waste is NOT asbestos waste, complete only Sections I, II and III.

	enerator completes all of Section I)
a. Generator Name: USEPA Region II	b. Generating Location: Bossert Manufacturing Site
c. Address 2890 Woodbridge	d. Address: 1002 Oswego Street
Edison, New Jersey 08817	Utica, NY 13502
e. Phone No.: 732-591-2278	f. Phone No.: 315-734-1394
If owner of the generating facility differs from the generator, provide:	I. Friorie No.:
g. Owner's Name:	h. Owner's Phone No.:
	TYPE
i BFI WASTE CODE Non-Friable Asbestos	Containers DM - METAL DRUM DP - PLASTIC DRUM B - BAG
j. Description of Waste: Non-Filable Aspestos	k Quantity Units No. TYPE BA - 6 MIL PLASTIC BAG or WRAP
	ODDSD 4 0 1 T T T TRUCK O THER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is any applicable state law, has been properly described, classified and packaged, applicable regulations; AND, if the waste is a treatment residue of a previously Restrictions, I certify and warrant that the waste has been treated in accordance with hazardous waste as defined by 40 CFR Part 261  Generator Authorized Agent Name  Signature	and is in proper condition for transportation according to restricted hazardous waste subject to the Land Disposal Y - YARDS
Section II TRANSPORTER (Generato	
TRANSPORTER I	TRANSPORTER II
a. Name: Hazmat Environmental Group, Inc.	<b>#</b> :
b. Address: 60 Commerce Drive	h. Name:
Buffalo, NY 14218	I. Address.
c. Driver Name/Title: TIMOTHY J. O'HARA(ORI	(FR)
PRINTENDE	PRINT/TYPE
DV54G/(ALL)	k. Phone No.:
f. Vehicle License No./State: 770 79 Acknowledgement of Receipt of Materials.	m. Vehicle License No./State:
Zinothy 20 Hars 062592	<b>3</b>
Driver Signature Shipment Date Section III DESTINATION (Generator of	Driver Signature Shipment Date completes a-d, destination site completes e-f.)
a. Site Name: Niagara Recycling, Inc.	716 295 2244
5600 Nicoma Falla Divi	C. Phone No
b. Physical Address: Niagara Falls BIVd. Niagara Falls, NY 14304	d. Mailing AddressSame
Discrepancy Indication Space:     I hereby certify that the above named material has been accepted and to the	ne best of my knowledge the foregoing is true and accurate
	to see only informedge the foregoing is the and accurate.
, Pam Scott Pam do	tt 062598 can60 :
Name of Authorized Agent Signature  Section IV ASBESTOS (Generator of	Receipt Date  omplete a-d, f, g, Operator* completes e.)
a. Operator's* Name: EarthTech	b. Operator's* Phone No.: 804-354-6437
c. Operator's Address: 2229 Tomlynn St., Richmond, V	
d. Special Handling Instructions and additional information:	
	ment are fully and accurately described above by proper shipping name and are classified,
e. Operator's* Name & Title: Local Cassion, RA	A COOL OF THE PROPERTY OF THE
f. Name and Address	Operator's Signature Date
of Responsible Agency: USEPA Region II, Edison, Ne	ew Jersey 08817
g.  Friable;  Non-friable; Both % friable	100 % nonfriable



If waste is asbestos waste, complete Sections I, II, III and IV.

	ienerator completes all of Section I)
USEPA Region II	Bossert Manufacturing Site
a. Generator Name.	b. Generating Location:
	d. Address:
Edison, New Jersey 08817	Utica, NY 13502
e. Phone No.:	f. Phone No.:
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name:	h. Owner's Phone No.:
	TYPE I SULLIFICATION OF THE PROPERTY OF THE PR
i. BFI WASTE CODE	Containers DM - METAL DRUM DP - PLASTIC DRUM
j. Description of Waste: Non-Friable Asbestos	k. Quantity Units No. TYPE BA - 6 MIL. PLASTIC BAG
	OOOSOY 0 1 T T TRUCK
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is	is not a hazardous waste as defined by 40 CFR Part 261 or UNITS
any applicable state law, has been properly described, classified and packaged,	and is in proper condition for transportation according to P - POUNDS
applicable regulations; AND, if the waste is a treatment residue of a previously Restrictions, I certify and warrant that the waste has been treated in accordance wi	restricted hazardous waste subject to the Land Disposal  Y - YARDS  ith the requirements of 40 CFR Part 268 and is no longer a  M³ - CUBIC METERS
hazerdous waste as defined by 40 CFR Part 261.	Y³ - CUBIC YARDS O - OTHER
JACK U, HARMA Jack V. Ita  Generator Authorized Agent Name Signature	
	Shipment Date
•	or complete a-d: Transporter I complete e-g Transporter II complete h-n
TRANSPORTER I  Hazmat Environmental Group, Inc.	TRANSPORTER II
a. Name: 60 Commerce Drive	h. Name:
D. Address:	i. Address:
Buffalo, NY 14218	
c. Driver Name/Title: TTM OTHY J. OHARA (R.)	j. Driver Name/Title:
d. Phone No.: 716-827-7200 PRINT/TYPE e. Truck No.: 717-4	PRINT/TYPE k. Phone No.: l. Truck No.:
f. Vehicle License No./State: PX 54-96 (NY)	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
Justly 20 Hours 06 26 9 8	
Driver Signature Shipment Date	Driver Signature Shipment Date
	completes a-d, destination site completes e-f.)
a. Site Name:Niagara Recycling, Inc.	c. Phone No.:
b. Physical Address: 5600 Niagara Falls Blvd.	d. Mailing Address
Niegara Falls, NY 14304	<u></u>
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the	he best of my knowledge the foregoing is true and accurate.
f. Name of Authorized Agent Signature	Receipt Date
The state of the s	iomplete a-d, f, g, Operator* completes e.)
a. Operator's* Name: EarthTec!	204-354-6437
2229 Tomlynn St., Richmond, V	b. Operator's* Phone No.:
c. Operator's* Address:	
d. Special Handling Instructions and additional information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consign packed, marked, and labeled, and are in all respects in proper condition for transport	nment are fully and accurately described above by proper shipping name and are classified,
	and government regulations.
e. Operator's* Name & Title:	Operator's Signature Date
f. Name and Address of Responsible Agency:USEPA Region II, Edison, Ne	
of Responsible Agency:	100
g. 🗌 Friable; 🖺 Non-friable; 🔲 Both % friable	% nonfriable



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is <u>NOT</u> asbestos waste, complete only Sections I, II and III.

No. 367512

If waste is <u>NOT</u> asbestos waste.	, complete only Sections I, II and III.
Section I , GENERATOR (Ge	enerator completes all of Section I)
a. Generator Name: USEPA Region II	b. Generating Location: Bossert Manufacturing Site
ç Address 2890 Woodbridge	d. Address: 1002 Oswego Street
Edison, New Jersey 08817	Utica, NY & 13502
e. Phone No.: 732-591-2278	f. Phone No.: 315-734-1394
If owner of the generating facility differs from the generator, provide:	1. Thore No.
g. Owner's Name:	h. Owner's Phone No.:
i. BFI WASTE CODE  j. Description of Waste: Non-Friable Asbestos	Containers  Containers  DM - METAL DRUM DP - PLASTIC DRUM B - BAG B - BAG B - 6 MIL. PLASTIC BAG
The state of the s	T TRUCK O OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is any applicable state law, has been properly described, classified and packaged, applicable regulations; AND, if the waste is a treatment residue of a previously restrictions, I certify and warrant that the waste has been treated in accordance with hazardous waste as defined by 40 CFR Part 261.  Generator Authorized Agent Name  Signature	and is in proper condition for transportation according to restricted hazardous waste subject to the Land Disposal Y - YARDS
Section II TRANSPORTER (Generator	Complete a d. Transporter Lcomplete e-g
TRANSPORTER I	TRANSPORTER II
a. Name: Hazmat Environmental Group, Inc.	h. Name:
b. Address: 60 Commerce Drive	i. Address:
Buffalo, NY 14218	
c. Driver Name/Title: TTM OTHY J. OHARA DRIV	Driver Name/Title:
d. Phone No.: 716-827-7200 PRINT/TYPE e. Truck No.: 271-4	PRINT/TYPE  k. Phone No.:  I. Truck No.:
f. Vehicle License No./State: PX5496 (NY)	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
g. Jenstly 7.0 Hans 062698  Driver Signature Shipment Date	n. Driver Signature Shipment Date
	Ompletes a-d, destination site completes e-f.)
a. Site Name: Niagara Recycling, Inc.	c. Phone No.: 716-285-3344
b. Physical Address: 5600 Niagara Falls Blvd.	d. Mailing Address Same
Niagara Falls, NY 14304	
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the	e best of my knowledge the foregoing is true and accurate.
f. PamScatt Pam Scott Name of Authorized Agent Signature	062698 San6D  Receipt Date
Section IV ASBESTOS. (Generator co	omplete a-d, f, g, Operator* completes e.)
a. Operator's* Name: EarthTech	b. Operator's* Phone No.: 804-354-6437
c. Operator's* Address: 2229 Tomlynn St., Richmond, V	rginia 23230
d. Special Handling Instructions and additional information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consigning packed, marked, and labeled, and are in all respects in proper condition for transport I	ment are fully and accurately described above by proper shipping name and are classified, by highway according to applicable international and government regulations.
e. Operator's* Name & Title: 1250 Cassion	38X (00) LAW 1061716918
f. Name and Address  USEPA Region II, Edison, Ne	Onerator's Signature Date  W Jersey 198817
g. Triable; X Non-friable; Both % friable	100 % nontriable





If waste is asbestos waste, complete Sections I, II, III and IV.

If waste is NOT asbestos waste, complete only Sections I, II and III

7		lt :	waste is NOT asbestos waste	e, complete only S	ections I, II an	d III.	
Section	I company		GENERATOR (G	enerator completes	all of Section I)		
a. Genera	or Name: USE	PA Region I	I	b. Generating Lo	ocation: B	ossert Manufa	cturing Site
	2890 Wo	odbridge		•		swego Street	
c. Address	Edison, New	Jersev O	8817	d. Address:	ca, NY	13502	
	<del>-</del>	91-2278			215	734-1394	
e. Phone I	No.:			f. Phone No.:	317-		
			e generator, provide:				
g. Owner's	s Name:			h. Owner's Phoi	ne No.:	<del></del>	<u>TYPE</u>
i. BFI WA	STE CODE	Non-Friable	<b>A-3</b>			Containers	DM - METAL DRUM DP - PLASTIC DRUM B - BAG
j. Descrip	tion of Waste:	HOW-LITTEDIE	ABUESLUS	k. Quantity	Unit	s No. TYPE	BA - 6 MIL. PLASTIC BAG or WRAP
		ī — — — — — — — — — — — — — — — — — — —	and the second s			0 1 T	T - TRUCK O - OTHER
any applical Restrict bazardo	plicable state law, he ple regulations; AND ions, I certify and wa ous waste as defined	as been properly des , if the waste is a tre arrant that the waste h by 40 CFR Part 261	ty that the above named material is cribed, classified and packaged, satment residue of a previously less been treated in accordance with the contract of the	and is in proper co restricted hazardo th the requirements	ondition for trans us waste subject	portation according to at to the Land Disposal 268 and is no longer a	UNITS P - POUNDS Y - YARDS M³ - CUBIC METERS Y³ - CUBIC YARDS O - OTHER
Section	II	TI STATE	RANSPORTER (Generate	or complete a-d: Tra	insporter I comp	ete e-g	
		TRANSPORTER				TRANSPORTER	
a. Name:	Hezmat Env	rirenmental	Group, Inc.	h. Name:			
b. Address	60 Com	erce Drive		i. Address:			
	Buffalo	, NY 1421	8	_   " / " / "	•		
	lame/Title:	MOTHY	OHARA (DAIN	<del>-</del> 2)			
c. Driver N	lame/Title:	7200 PF		J. Dilveriva		Pf	RINT/TYPE
d. Phone I	No.:	DICH	e. Truck No.: R7L-4	k. Phone N	0.:		I. Truck No.:
	License No./State		10 (4)		icense No./St		<del></del>
Ackno	viedgement of F	Receipt of Materia	ils.	Acknow	rledgement o	f Receipt of Materia	ıls.
g		Offang	0/10/8/7/	n			
Section Section	The state of the s	n	Shipment Date  ESTINATION (Generator of	Driver Signa			Shipment Date
Coulon		Recycling,		completes a-o, destir		285-3344	A Partie Control of the Control of t
a. Site Nai	ne:			c. Phone N	lo.:		
b. Physica	Address:	<del>-</del>	Falls Blvd.	d. Mailing A	Address	Same	
		degare Fall	s, NY 14304				
e. Discrep	ancy Indication Sp	pace:					
I hereby	certify that the ab	ove named materia	al has been accepted and to the	he best of my know	wledge the for	egoing is true and acc	curate.
	· • ·			7	<del></del>	<del></del>	
f. Name of A	uthorized Agent	<del></del>	Circohae				•
Section		100	Signature		Receipt [		
	R =	rthTech	ASBESTOS (Generator o			804-354-6	<u> </u>
•	rs Name:	···	n St., Richmond,		r's* Phone No. 23230		<del></del>
c. Operato	r's* Address:						
		ons and additional i					
packed, mai	r's CERTIFICATIOn ked, and labeled, a	N: I hereby declare nd are in all respects	that the contents of this consign in proper condition for transport	nment are fully and by highway accord	accurately des ling to applicable	cribed above by proper e international and gove	shipping name and are classified, emment regulations.
e. Operato	r's* Name & Title:	Print/Type	The state of the s	111	And 19		
	nd Address onsible Agency:	***	ion II, Edison, Na	ew Jersey	Operator's Si 08817	gnature	Date
g. 🗌 Fria	ble; 🖺 Non-fria	able; Both	% friable	100 % no	onfriable		



If waste is asbestos waste, complete Sections I, II, III and IV.

No. 367513

		If waste is NOT asbestos waste	e, complete only Se	ections I, II a	nd III.	0. 00 i	010
Section I		GENERATOR (G	Generator completes a	II of Section I)			
a. Generato	or Name: USEPA Region	II	b. Generating Lo	ocation:	Bossert Ma	nufacturi	ng Site
c. Address	2890 Woodbridge		d. Address:	1002 0	swego Str	eet	<del></del>
E	dison, New Jersey	08817	Uti	ca, NY	13502		
₹ ≉e. Phone N	732-591-2278	•	f. Phone No.:	315-	-734-1394		
owner of t	he generating facility differs from	the generator, provide:	, –			•	
g. Owner's	Name:		h. Owner's Phon	ne No.:			
i. BFI WAS	<u> </u>				Containers		TYPE METAL DRUM PLASTIC DRUM
j. Descripti	on of Waste: Non-Friah	le Asbestos	k. Quantity	Un	its No.		MIL. PLASTIC BAG or WRAP
. <u></u>		s Arragas april	_  Q0 C	301	<b> </b>  0 1		RUCK OTHER
	•	certify that the above named material			-		<u>UNITS</u>
applicable	e regulations; AND, if the waste is	described, classified and packaged, a treatment residue of a previously	restricted hazardou	<b>is waste</b> subje	ect to the Land Dis	posal Y - Y	POUNDS YARDS
	ons, I certify and warrant that the was is waste as defined by 40 CFR Part 2	ste has been treated in accordance w	rith the requirements of	of 40 CFR Pari	t 268 and is no Ion		CUBIC METERS CUBIC YARDS
JA	ck D. HARMON	Jack D. Ha			રીવાસ	0 -0	OTHER
	r Authorized Agent Name	\$ignature		Shipmen			
Section I	France (Miles and and and a	TRANSPORTER (General	or complete a-d; Trai	nsperter I comp nsporter II com	olete e-g plete h-n )		
<u> </u>	TRANSPOR				TRANSPO		·
ă. Name: _	Hazmat Environmenta	il Group, Inc.	h. Name:				
b. Address:	60 Commerce Driv	re .	i. Address:				· · · · · · · · · · · · · · · · · · ·
		218			<del></del>		
c. Driver Na	ame/Title: //MOTHY	J. OHARA (DRIV	<del></del>   J	me/Title:		PRINT/TYPE	
d. Phone N	o.:716-827-7200	e. Truck No.: R72-4	k. Phone No	o.:	· .	PRINT/TYPE I. Truc	k No.:
f. Vehicle L	icense No./State:	5496 (NY)	m. Vehicle L	icense No./S	tate:		
Acknow	ledgement of Receipt of Mat	erials.	Acknowl	edgement o	of Receipt of M	laterials.	
g	of the 1. Offarg	07089	8 n			<u>.                                    </u>	
Section 1	/	Shipment Date  DESTINATION (Generator	Driver Signa completes a-d, destin		oletes e-f.)		Shipment Date
a. Site Nam	e: Niagara Recyclin	ng, Inc.	c. Phone N	o.: <u>716</u> -	-285-3344		_
b. Physical	Address: 5600 Niaga	ra Falls Blvd.	d. Mailing A	ddress	Same		
		111s, NY 14304					····
e Discrepa	ncy Indication Space:	and the second second	1. A	•			N.
I hereby	certify that the above named ma	terial has been accepted and to t	the best of my know	wledge the fo	regoing is true a	nd accurate.	)
f. Name of Aut	4+4+ Penkirwin	2 Signature Kothy K	enkun]	0 7 O	8 9 8 Date		
Section Γ	V Property of the second	ASBESTOS (Generator	complete a-d, f, g, Op	erator* comple	tes e.)		
a. Operator	s* Name: <u>EarthTech</u>		b. Operator	's* Phone No	o 804 <b>–</b> 3	54 <b>–</b> 6437	
c. Operator	s* Address: 2229 Tom	lynn St., Richmond,	Virginia	23230			
d. Special H	landling Instructions and addition	nal information:					
OPERATOR' packed, mark	S CERTIFICATION: I hereby dec ed, and labeled, and are in all resp	lare that the contents of this consig ects in proper condition for transpor	inment are fully and t by highway accord	accurately de	scribed above by ble international ar	proper shipping	name and are classified, gulations.
e. Operator	's* Name & Title: Print/Type	1 Cassison	RM	Operator's	GOD!	they	Date Date
f. Name an					,1"		,
J. 1.105p.0	nsible Agency: USEPA I	Region II, Edison, N	ew Jersey	08817			·



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is <u>NOT</u> asbestos waste, complete only Sections I, II and III.

	,, ,
Section I GENERATOR (G	ienerator completes all of Section I)
a. Generator Name: USEPA Region II	b. Generating Location: Bossert Manufacturing Site
c. Address	d. Address:
Edison, New Jersey 08817	Utica, NY 13502
732-591-2278	315-734-1394
e. Phone No.:  If owner of the generating facility differs from the generator, provide:	f. Phone No.:
	h. Owner's Phone No.
g. Owner's Name:	h. Owner's Phone No.:
i. BFI WASTE CODE Non-Friable Asbestos	Containers DM - METAL DRUM DP - PLASTIC DRUM B - BAG
j. Description of Waste:	K. Quantity Units No. TYPE BA - 6 MIL. PLASTIC BAG or WRAP T - TRUCK O - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is any applicable state law, has been properly described, classified and packaged, applicable regulations; AND, if the waste is a treatment residue of a previously Restrictions, I certify and warrant that the waste has been treated in accordance with hazardous waste as defined by 40 CFR Part 261	and is in proper condition for transportation according to restricted hazardous waste subject to the Land Disposal ith the requirements of 40 CFR Part 268 and is no longer a YARDS M³ - CUBIC METERS Y³ - CUBIC YARDS O - OTHER
Generator Authorized Agent Name Signature	Shipment Date
Section II TRANSPORTER (Generato	
TRANSPORTER I  a. Name: Hazmat Environmental Group, Inc.	TRANSPORTER II  h. Name:
b. Address:60 Commerce Drive	i. Address:
Buffalo, NY 14218	
c. Driver Name/Title: TIMOTHY J. OHARA (DAIN	(MA)
716-827-7200 PRINT/TYPE P77-4	j. Driver Name/Title:
d. Phone No.: e. Truck No.:	k. Phone No.: I. Truck No.:
f. Vehicle License No./State:	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
9 2	n
	Driver Signature Shipment Date  completes a.d., destination site completes e-f.)
a. Site Name:	c. Phone No.: 716-285-3344
b. Physical Address: 5600 Niagara Falls Blvd.	d. Mailing Address
Niagara Falls, NY 14304	
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the	he best of my knowledge the foregoing is true and accurate.
i e	
f	
Name of Authorized Agent Signature	Receipt Date
Section IV ASBESTOS (Generator or EarthTech	complete a-d, f, g, Operator* completes e.)
a. Operator's Name: 2229 Tomlynn St., Richmond, V	b. Operator's* Phone No.: 804-354-6437 //irginia 23230
c. Operator's* Address:	TISHILG EJESU
d. Special Handling Instructions and additional information:	
OPERATOR'S CERTIFICATION: Thereby declare that the contents of this consign packed, marked, and labeled, and are in all respects in proper condition for transport	nment are fully and accurately described above by proper shipping name and are classified, by highway according to applicable international and government regulations.
e. Operator's* Name & Title:	Operator's Signature Date
f. Name and Address of Responsible Agency: USEPA Region II, Edison, Ne	w Jersey 08817
g. 🗌 Friable; 🖺 Non-friable; 🔲 Both % friable	100 % nonfriable

Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.



If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III.

If waste is <u>NOT</u> asbestos waste	, complete only Sections I, II and III.
Section I GENERATOR (Ge	enerator completes all of Section I)
as Generator Name: USEPA Region II	b. Generating Location: Bossert Manufacturing Site
2000 Headhaddan	d. Address: 1002 Oswego Street
Edison, New Jersey 08817	Utica, NY 13502
e. Phone No.: 732-591-2278	f. Phone No.: 315-734-1394
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name:	h. Owner's Phone No.:
i. BFI WASTE CODE	Containers  DM - METAL DRUM DP - PLASTIC DRUM B - BAG
j. Description of Waste: Non-Friable Asbestos	k. Quantity Units No. TYPE BA - 6 MIL. PLASTIC BAG or WRAP
	T TRUCK O I T TO THER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is any applicable state law, has been properly described, classified and packaged, applicable regulations; AND, if the waste is a treatment residue of a previously in Restrictions, I certify and warrant that the waste has been treated in accordance with hazardous waste as defined by 40 CFR Part 261	and is in proper condition for transportation according to P - POUNDS restricted hazardous waste subject to the Land Disposal Y - YARDS
Generator Authorized Agent Name Signature	Shipment Date
Section II TRANSPORTER (Generator	Complete a-d: Transporter II complete b-n
TRANSPORTER I	TRANSPORTER II
a. Name: Hazmat Environmental Group, Inc.	h. Name:
b. Address: 60 Commerce Drive	i. Address:
Buffalo, NY 14218	
c. Driver Name/Title: TIMOTHY J. OHARA (DAIN	j. Driver Name/Title:
d. Phone No.: 716-827-7200 PRINT/TYPE e. Truck No.: R77-4	PRINT/TYPE   k. Phone No.:
f. Vehicle License No./State: PX5496 (NY)	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
, Zerothy 1.0Hang 070998	<u>f]</u> n
Section III DESTINATION (Generator or	Driver Signature , Shipment Date  Displaces a-d, destination site completes e-f.)
a. Site Name: Niagara Recycling, Inc.	716 007 0044
b. Physical Address: 5600 Niagara Falls Blvd.	Comp.
Niagara Falls, NY 14304	d. Mailing Address Same
e. Discrepancy Indication Space:  I hereby certify that the above named material has been accepted and to the	e best of my knowledge the foregoing is true and accurate
f. Laty PenKiewy _ Kally Name of Authorized Agent Signature	Penth 07998
Section IV ASBESTOS (Generator co	implete a-d, f, g. Operator completes e.)
a. Operator's* Name:EarthTech	b. Operators* Phone No.: 804-354-6437
c. Operator's Address: 2229 Tomlynn St., Richmond, V	irginia 23230
d. Special Handling Instructions and additional information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignrepacked, marked, and labeled, and are in all respects in proper condition for transport to	ment are fully and accurately described above by proper shipping name and are classified, by highway according to applicable international and government regulations.
e-Operator's* Name & Title: ** Lofoy Cassacy	RITHOLES DE LONIONIES
f. Name and Address of Responsible Agency: USEPA Region II, Edison, Ne	Operator's Signature Date W Jersey 08817
	100 % nonfriable



If waste is asbestos waste, complete Sections I, II, III and IV.

If waste is <u>NOT</u> asbestos waste	, complete only Sections I, II and III.
Section I GENERATOR (GA	enerator completes all of Section (i)
a. Generator Name: USEPA Region II	b. Generating Location: Bossert Manufacturing Site
c. Address 2890 Woodbridge	d. Address: 1002 Oswego Street
Edison, New Jersey 08817	Utica, NY 13502
7225012279	215_724_1204
e. Phone No.:	f. Phone No.: 313-734-1334
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name:	h. Owner's Phone No.:
i. BFI WASTE CODE	Containers DM - METAL DRUM DP - PLASTIC DRUM
j. Description of Waste: Non-Friable Asbestos	k. Quantity Units No. TYPE B - BAG BA - 6 MIL. PLASTIC BAG
· · · · · · · · · · · · · · · · · · ·	O T - TRUCK O - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is any applicable state law, has been properly described, classified and packaged, applicable regulations; AND, if the waste is a treatment residue of a previously Restrictions, I certify and warrant that the waste has been treated in accordance with barardous waste as defined by 40 CFR Part 261.  Generator Authorized Agent Name	and is in proper condition for transportation according to restricted hazardous waste subject to the Land Disposal Y - YARDS
Section II: TRANSPORTER (Generator	consists and Transporter I complete e-g
TRANSPORTER I	TRANSPORTER II
a. Name: Hazmat Environmental Group, Inc.	h. Name:
60 Commerce Drive	
b. Address: Buffalo, NY 14218	i. Address:
	77-21
c. Driver Name/Title.	
d. Phone No.: 716-827-7200 e. Truck No.:	k. Phone No.: I. Truck No.:
f. Vehicle License No./State:	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
g doubly /0/4ma 07/098	
Driver Signature Shipment Date Section III DESTINATION (Generator of	Driver Signature Shipment Date
	ompletes a-d, destination site completes e-f.)
a. Site Name: Niagara Recycling, Inc.	c. Phone No.: 716-285-3344
b. Physical Address: 5600 Niagara Falls Blvd.	d. Mailing Address Same
Niagara Falls, NY 14304	
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the	ne best of my knowledge the foregoing is true and accurate.
f. Name of Authorized Agent Signature	
	Receipt Date  omplete a=0, f, g, Operator* completes e.)
RarthTook	804-354-6437
2229 Tomlunk St., Pichmond, V	b. Operator's Priorie No.:
c. Operator's* Address:	
d. Special Handling Instructions and additional information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consign packed, marked, and labeled, and are in all respects in proper condition for transport	ment are fully and accurately described above by proper shipping name and are classified, by highway according to applicable international and government regulations.
e. Operator's* Name & Title:	
f. Name and Address of Responsible Agency: USEPA Region II, Edison, Ne	
g. 🗌 Friable; 🛱 Non-friable; 🗌 Both % friable	100 % nonfriable



If waste is asbestos waste, complete Sections I, II, III and IV.

If waste is NOT asbestos waste, complete only Sections I, II and III.

.... No. 367515

a. Generator Name. USEPA Region II  a. Generator Name. USEPA Region II  b. Generating Location. Bossert Manufacturing Site  Address: 102 dawage Street  Utics, NY 13502  f. Shone No. 732-591-2278  f. Whom of the generating facility differs from the generator, provide:  g. Owners Ahme:  b. Owner's Phone No. 315-734-1394  f. Whom of the generating facility differs from the generator, provide:  g. Owner's Name.  centerators Certification: I floredly certify that the above normal material is not a hazardost waste as defined by 40 CFR Part 281 or any speciation stems wer. has been proporty obserbed, classified and packages, as it is in progress continuous waste as defined by 40 CFR Part 281 or any speciation stems wer. has been proporty obserbed, classified and packages, as it is in progress continuous to the proportion of the transportance of the proportion of the transportance of the proportion of the transportance of the proportion of the transportance of the proportion of the transportance of the proportion of the transportance of the proportion of the transportance of the proportion of the transportance of the proportion of the transportance of the proportion of the transportance of the proportion of the transportance of the proportion of the transportance of the proportion of the transportance of the proportion of the transportance of the proportion of the transportance of the proportion of the proportion of the transportance of the proportion of the proportion of the transportance of the proportion	If was	te is <u>NOT</u> asbestos waste,	, complete only S	ections I, II and		
c. Address: 2890 Woodbridge	ection I	GENERATOR (G	nerator completes a	all of Section I)		
Edison, New Jersey 08817  Bricone No.: 732-591-2278  It owner of the generating facility differs from the generator, provide:  BFI WASTE CODE  Owner's Ame:  Description of Wester:  Non-Priable Asbestog.  Roundly Units No. Type  Description of Wester:  Non-Priable Asbestog.  Roundly Units No. Type  GENERATORN. Howely ceitify that the above maned national violate a hazardous westers defined by 0.0FR Part 201 or any implication state inc. This bear project described, diseased on packaging, and is in progece contained to packed hazardous waste subject to the Land Disposal of Section 1.  BRI WASTE CODE  GENERATORN. Howely ceitify that the above maned national violate a hazardous waste subject to the Land Disposal of Section 1.  BRI WASTE CODE  GENERATORN. Howely ceitify that the above maned national violate a hazardous waste subject to the Land Disposal of Sectional or application regulations. AND, if the wester is a threatment residue of a particular violation waste subject to the Land Disposal of Sectional or application regulations. AND, if the wester is a threatment residue of a particular violation waste subject to the Land Disposal of Sectional or application regulations. AND, if the wester is a breatment residue of a particular violation waste subject to the Land Disposal of Sectional or Company of Control of Control or Sectional or Control or Sectional or Control or Sectional or Control or Sectional or Control or Sectional or Control or Section 1.  TRANSPORTER II  Name:  Hazing at Edison, N. 14218  Diriver Name-Title:  Figuration Control or Section 1.  Private Control or Section 1.  Private Control or Section 1.  Private Control or Section 1.  Private Control or Section 1.  Name:  Address:  No Section 1.  Name:  Hazing at Recycling, Inc.  Private Control or Section 1.  Private Control or Section 1.  Name:  Hazing at Recycling, Inc.  Private Control or Section 1.  Private Control or Section 1.  Name:  Hazing at Recycling 1.  Private Control or Section 1.  Name:  Hazing at Recycling 1.  Private Control or Sect	a. Generator Name: USEPA Region II		b. Generating Lo	ocation:Bo	ssert Manufa	cturing Site
e. Phone No.: 315-734-1394  If owner of the generating facility differs from the generator, provide:  g. Owner's Name:  BPI WASTE CODE  BPI WASTE CODE  BPI WASTE CODE  GENERATORIS CERTIFICATION: I haveby corifly that the above named material is not a hearendous waste and defined by 40 CFR Part 251 or any applicable state law, has been properly described, disaetified, on applicable positions, Abo, I the waste is a treatment reduction of a provide precision, Abo, I the waste is a treatment reduction of a provide precision, Abo, I the waste is a treatment reduction of a provide precision, Abo, I the waste is a treatment reduction of a provide precision, Abo, I the waste is a treatment reduction of a provide precision, Abo, I the waste is a treatment reduction of a provide precision, Abo, I the waste is a treatment reduction of a provide precision, Abo, I the waste is a treatment reduction of a provide precision, Abo, I the waste is a treatment reduction of a provide provide or a provide provide or a provide provide and or a proper condition for transportation according to Type 2 and 1 to a proper condition for transportation according to Type 2 and 1 to a proper condition for transportation according to Type 2 and 1 to a proper condition for transportation according to Type 2 and 1 to a proper condition for transportation according to Type 2 and 1 to a proper condition for transportation according to Type 2 and 1 to a proper condition for transportation according to Type 2 and 1 to a proper condition for transportation according to Type 2 and 1 to Type 2 and 1 to Type 2 and 1 to Type 2 and 2 to Type 2 and	c. Address 2890 Woodbridge		d. Address:	1002 Os	swego Street	
g. Owner's Name:    BFI WASTE CODE	Edison, New Jersey 088	17	Uti	ca, NY	13502	
g. Owner's Name:    BFI WASTE CODE	e. Phone No.: 732-591-2278		f. Phone No.: _	315-7	734-1394	
BFT WASTE CODE    Description of Waste:   Non-Friable Asbestos.	If owner of the generating facility differs from the generating	nerator, provide:	ď.	*		
BFI WASTE CODE   Non-Filable Asbestos   Non-Filable   No	g. Owner's Name:		h. Owner's Phor	ne No.:	ř	
Description of Waste: NON-FF18DLE ASPESTOS.   Countity   Units   No.   TYPE   T   T   THOUGH WARD   Control of Counting   THOUGH   T   THOUGH WARD   Control of Counting   THOUGH   T					Containers	DM - METAL DRUM DP - PLASTIC DRUM
Commerce   Commerce	j. Description of Waste: Non-Friable As	sbestos .	_ k. Quantity	30 Y		BA - 6 MIL. PLASTIC BAG or WRAP T - TRUCK
TRANSPORTER I  a. Name: Hazmat Environmental Group, Inc. b. Address: 60 Commerce Drive  Buffalo, NY 14218  c. Driver Name/Title: Mooth J. Offman (Drive)  d. Phone No.: 716-827-7200 e. Truck No.: 277. 4  f. Vehicle License No./State: Acknowledgement of Receipt of Materials: N. Suprent Date  Section III DESTINATION (Generator completes s.4. destination size completes s.4)  a. Site Name: Niagara Recycling, Inc.  b. Physical Address: 5600 Niagara Falls Blvd.  d. Mailing Address Same  Niagara Falls, NY 14304  e. Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to the bast of my knowledge the foregoing is true and accurate.  f. Name of Auffordred Agent Signature  Section IV  ASBESTOS (Generator complete a.4.1 g, Operator completes s.4)  a. Operator's Name: EarthTech  b. Operator's Name: EarthTech  c. Operator's Address: 2229 Tomlynn St., Richmond, Virginia 23230  d. Special Handling Instructions and additional information:  OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper conditions for transport by highway according to applicable international and government regulations.	any applicable state law, has been properly describe applicable regulations; AND, if the waste is a treatment Restrictions, I certify and warrant that the waste has be hazardous waste as defined by 40 CFR Part 261.	d, classified and packaged, and residue of a previously reen treated in accordance with the control of the cont	and is in proper corestricted hazardou	ndition for transpus waste subject of 40 CFR Part 2	portation according to to the Land Disposal 268 and is no longer a	UNITS P - POUNDS Y - YARDS M³ - CUBIC METERS Y³ - CUBIC YARDS
TRANSPORTER I  a. Name: Hazmat Environmental Group, Inc. b. Address: 60 Commerce Drive  Buffalo, NY 14218  c. Driver Name/Title: Mooth J. Offman (Drive)  d. Phone No.: 716-827-7200 e. Truck No.: 277. 4  f. Vehicle License No./State: Acknowledgement of Receipt of Materials: N. Suprent Date  Section III DESTINATION (Generator completes s.4. destination size completes s.4)  a. Site Name: Niagara Recycling, Inc.  b. Physical Address: 5600 Niagara Falls Blvd.  d. Mailing Address Same  Niagara Falls, NY 14304  e. Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to the bast of my knowledge the foregoing is true and accurate.  f. Name of Auffordred Agent Signature  Section IV  ASBESTOS (Generator complete a.4.1 g, Operator completes s.4)  a. Operator's Name: EarthTech  b. Operator's Name: EarthTech  c. Operator's Address: 2229 Tomlynn St., Richmond, Virginia 23230  d. Special Handling Instructions and additional information:  OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper conditions for transport by highway according to applicable international and government regulations.	Section II	SPORTER (Generator	complete a-d: Trai	nsporter I comple	ste e-g	
b. Address: 60 Commerce Drive Buffalo, NY 14218 c. Driver Name/Title: 716-827-7200 PRINT/TYPE d. Phone No.: 716-827-7200 e. Truck No.: 277-9 f. Vehicle License No/State: 754-96 g. Driver Signature Superior of Rigolipt of Meterials: 754-754 g. Driver Signature Superior of Rigolipt of Meterials: 754-754 g. Driver Signature Superior of Rigolipt of Meterials: 754-754 g. Driver Signature Superior of Rigolipt of Meterials: 754-754 g. Driver Signature Superior of Rigolipt of Meterials: 754-754 g. Driver Signature Superior of Rigolipt of Meterials: 754-754 g. Driver Signature Superior of Receipt of Materials. 754-754 g. Driver Signature Superior of Receipt of Materials. 755-754 g. Driver Signature Superior of Receipt of Materials. 755-754 g. Driver Signature Superior of Receipt of Materials. 755-754 g. Driver Signature Superior of Receipt of Materials. 755-754 g. Driver Signature Superior of Receipt of Materials. 755-754 g. Driver Signature Superior of Receipt Oate Superior of Materials. 755-754 g. Driver Name: 755-7554 g. Driver Name: 75				ispoiter 11 comp		II
b. Address: 60 Commerce Drive	a Name: Hazmat Environmental Gre	oup, Inc.	h. Name:			•
Buffalo, NY 14218  c. Driver Name/Title:	b. Address:60 Commerce Drive	•				
d. Phone No.: 716-827-7200 e. Truck No.: 776-827-7200 e. Truck No.: 776-827		_		,	`	
d. Phone No.: 716-827-7200 e. Truck No.: 776-827-7200 e. Truck No.: 776-827	c. Driver Name/Title: TIM OTHY J.	O'HARA (DRIV	Per Driver Na	me/Title	-	
f. Vehicle License No./State:  Acknowledgement of Receipt of Materials:  G. Diver Signature  Section III  DESTINATION (Generator completes a-d. destination site completes b-1)  a. Site Name:  Niagara Recycling, Inc.  Destination in Completes and Mailing Address  Niagara Falls, NY 14304  c. Phone No.:  T16-285-3344  d. Mailing Address  Same  Niagara Falls, NY 14304  e. Discrepancy Indication Space:  I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.  ASBESTOS (Generator completes a-d. f. g. pherestor' completies a.)  a. Operator's' Name:  EarthTech  C. Operator's' Phone No.:  804-354-6437  d. Special Handling Instructions and additional information:  DESTINATION (Generator completes a-d. f. g. pherestor' completies a.)  Assessing the foregoing is true and accurate.  Name of Authorized Agent  ASBESTOS (Generator complete a-d. f. g. pherestor' completies a.)  a. Operator's' Name:  EarthTech  C. Operator's' Phone No.:  2229 Tomlynn St., Richmond, Virginia  23230  d. Special Handling Instructions and additional information:  DEFRATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.			<i>z</i> [		PR	INT/TYPE
Acknowledgement of Receipt of Materials.  g	10-0	(61 (111)				i. Huck No.:
Section III DESTINATION (Generator completes a.d. destination site completes e-1)  a. Site Name: Niagara Recycling, Inc. c. Phone No.: 716-285-3344  b. Physical Address: 5600 Niagara Falls Blvd. d. Mailing Address Same  Niagara Falls, NY 14304  e. Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.  f. Name of Authorized Agent Signature Receipt Date  Section IV ASBESTOS (Generator complete a.d. f. g. Operator's Phone No.: 804-354-6437  c. Operator's Name: EarthTech b. Operator's Phone No.: 804-354-6437  d. Special Handling Instructions and additional information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.	Acknowledgement of Receipt of Materials:		— ı	* * * * * * * * * * * * * * * * * * * *	-	ls.
ASBESTOS (Generator completes a-d. destination site completes a-f.)  a. Site Name: Niagara Recycling, Inc. c. Phone No.: 716-285-3344 b. Physical Address: 5600 Niagara Falls Blvd. d. Mailing Address Same  Niagara Falls, NY 14304  e. Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.  f. Name of Authorized Agent Receipt Date  Section IV  ASBESTOS (Generator complete a-d.f. g. Operator's Ompletes a-g.) a. Operator's Name: EarthTech b. Operator's Phone No.: 804-354-6437 c. Operator's Address: 2229 Tomlynn St., Richmond, Virginia 23230 d. Special Handling Instructions and additional information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.	g. scarley (10 Hang	07/098 Shipment Date	n	ture		Shipmant Data
b. Physical Address: 5600 Niagara Falls Blvd. d. Mailing Address Same  Niagara Falls, NY 14304  e. Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.  1. Name of Authorized Agent Signature Receipt Date  Section IV ASBESTOS (Generator complete a-d, 1, 9, operator's completes e)  a. Operator's Name: EarthTech	Section III DES				ites e-f.)	Shipment Date
e. Discrepancy Indication Space:  I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.  f. Name of Authorized Agent  ASBESTOS (Generator complete a.d. f. g. Operator's completes e.)  a. Operator's Name: EarthTech  b. Operator's Phone No.: 804-354-6437  c. Operator's Address: 2229 Tomlynn St., Richmond, Virginia 23230  d. Special Handling Instructions and additional information:  OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.			c. Phone N	o.: 716-2	285-3344	-
e. Discrepancy Indication Space:  I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.  f. Name of Authorized Agent  ASBESTOS (Generator complete a.d. f. g. Operator's completes e.)  a. Operator's Name: EarthTech  b. Operator's Phone No.: 804-354-6437  c. Operator's Address: 2229 Tomlynn St., Richmond, Virginia 23230  d. Special Handling Instructions and additional information:  OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.	b. Physical Address: 5600 Niagara F	alls Blvd.	d. Mailing A	.ddress	Same	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.  I. A Home of Authorized Agent						
Section IV  ASBESTOS (Generator complete a-d, f, g, operator* completes e-).  a. Operator's* Name: EarthTech  b. Operator's* Phone No.: 804-354-6437  c. Operator's* Address: 2229 Tomlynn St., Richmond, Virginia 23230  d. Special Handling Instructions and additional information:  OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.	e. Discrepancy Indication Space:					
Section IV  ASBESTOS (Generator complete a-d, f, g, Operator' completes e.)  a. Operator's* Name: EarthTech  b. Operator's* Phone No.: 804-354-6437  c. Operator's* Address: 2229 Tomlynn St., Richmond, Virginia 23230  d. Special Handling Instructions and additional information:  OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.	. KATW Kenkraws	Ketty /4	e best of my knov	0716	198	urate.
a. Operator's* Name: <u>EarthTech</u> b. Operator's* Phone No.: <u>804-354-6437</u> c. Operator's* Address: <u>2229 Tomlynn St., Richmond, Virginia</u> 23230 d. Special Handling Instructions and additional information: <u>OPERATOR'S CERTIFICATION</u> : I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.			moleta e d 4 a An			
c. Operator's* Address: 2229 Tomlynn St., Richmond, Virginia 23230  d. Special Handling Instructions and additional information:		CALON CO (CENICIAIO) CO	//		004 074 6	437
d. Special Handling Instructions and additional information:  OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.	0000 # 1	St., Richmond, V	2/			
packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.	• •	nation:				
05 2:20	OPERATOR'S CERTIFICATION: I hereby declare that packed, marked, and labeled, and are in all respects in processing the control of the control	the contents of this consignroper condition for transport is	ment are fully and	accurately desc	ribed above by proper sinternational and gover	shipping name and are classified,
e. Operator's name a title: Lack Total Common of the Commo	e. Operator's* Name & Title:	45500		5	(Onr. E	
f. Name and Address  of Responsible Agency: USEPA Region II, Edison, New Jersey 08817	f. Name and Address	n II, Edison. Ne	w Jersev		nature	Date
g. Friable; X Non-friable; Both % friable 100	*		100		A	



If waste is asbestos waste, complete Sections I, II, III and IV.

No. 367516

	e, complete only Sections I, II and III.
	Bossert Manufacturing Site
a. Generator Name: USEPA Region II	b. Generating Location:
c. Address2890 Woodbridge	d. Address: 1002 Oswego Street
Edison, New Jersey 08817	Utica, NY 13502
e. Phone No.: 732-591-2278	f. Phone No.:
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name:	h. Owner's Phone No.:
· PENNATE CODE	TYPE  Containers DM - METAL DRUM
i. BFI WASTE CODE	Containers DM - ME I AL DHUM DP - PLASTIC DRUM B - BAG
j. Description of Waste: Non-Friable Asbestos	k. Quantity Units No. TYPE BA - 6 MIL. PLASTIC BAG or WRAP
	O I I T TRUCK
GENERATOR'S CERTIFICATION: I hereby certify that the above named material	
any applicable state law, has been properly described, classified and packaged, applicable regulations; AND, if the waste is a treatment residue of a previously	, and is in proper condition for transportation according to P - POUNDS
Restrictions, I certify and warrant that the waste has been treated in accordance w	with the requirements of 40 CFR Part 268 and is no longer a M <sup>3</sup> - CUBIC METERS
JACK D HARMON Jack D. Ha	
Generator Authorized Agent Name Signature	Shipment Date
-1	or complete a-d; Transporter I complete e-g
TRANSPORTER I	TRANSPORTER II
Hazmat Environmental Group. Inc.	
a. Name:	h. Name:
b. Address:  Buffalo, NY 14218	i. Address:
C. Driver Name/Tibe.	j. Driver Name/Title:
d. Phone No.: 716-827-7200 PRINT/TYPE e. Truck No.: 472	k. Phone No.: !. Truck No.:
f. Vehicle License No./State:	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
g. Driver Signature Shipment Date	n Shipment Date
	completes and, destination site completes e-f.)
a. Site Name: Niagara Recycling, Inc.	c. Phone No.: 716-285-3344
b. Physical Address: 5600 Niagera Falls Blvd.	Samo
Niagara Falls, NY 14304	d. Mailing Address
3	
e. Discrepancy Indication Space:	Abo book of any large large the formation in the conditions
I hereby certify that the above named material has been accepted and to	the best of my knowledge the foregoing is true and accurate.
f.	
Name of Authorized Agent Signature	Receipt Date
	complete a-d, f, g, Operator completes e.)
a. Operator's* Name: EarthTech	b. Operator's* Phone No.: 804-354-6437
c. Operator's* Address: 2229 Tomlynn St., Richmond,	Virginia 23230
d. Special Handling Instructions and additional information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignated, marked, and labeled, and are in all respects in proper condition for transpose	gnment are fully and accurately described above by proper shipping name and are classified, it by highway according to applicable international and government regulations.
e. Operator's* Name & Title:  Print/Type	Operator's Signature Date
f. Name and Address of Responsible Agency: USEPA Region II, Edison, N	
g. 🗌 Friable; 🌁 Non-friable; 🔲 Both % friable	100 % nonfriable



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is  $\underline{\mathsf{NOT}}$  asbestos waste, complete only Sections I, II and III.

Section I GENERATOR (Ge	enerator completes all of Section i)
à. Generator Name: USEPA Region II	b. Generating Location: Bossert Manufacturing Site
c. Address 2890 Woodbridge	1002 Ograna Chroat
Edison, New Jersey 08817	Utica, NY 13502
e. Phone No.: 732-591-2278	f. Phone No.: 315-734-1394
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name:	h. Owner's Phone No.:
i. BFI WASTE CODE	Containers DM - METAL DRUM DP - PLASTIC DRUM B - BAG
j. Description of Waste: Non-Friable Asbestos	k. Quantity  Units  No., TYPE  BA - 6 MIL. PLASTIC BAG  or WRAP  T - TRUCK O - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is any applicable state law, has been properly described, classified and packaged, applicable regulations; AND, if the waste is a treatment residue of a previously Restrictions, I certify and warrant that the waste has been treated in accordance with hazardous waste as defined by 40 CFR Part 26  JACK D. HALMON  Generator Authorized Agent Name	and is in proper condition for transportation according to P - POUNDS restricted hazardous waste subject to the Land Disposal Y - YARDS
Section II TRANSPORTER (Generator	complete a-d; Transporter I complete e-g
TRANSPORTER I	TRANSPORTER II
a. Name: Hazmat Environmental Group, Inc.	h. Name:
b. Address: 60 Commerce Drive	i. Address:
Buffalo, NY 14218	_
c. Driver Name/Title: TIMOTHY J. O'HARA ORIVE	j. Driver Name/Title:
d. Phone No.: 716-827-7200 PRINT/TYPE e. Truck No.: P72-4	PRINT/TYPE
f. Vehicle License No./State: PX5496 (NY)	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
g. Limstly O Hang 07/398  Shipment Date	
	ompletes a-d, destination site completes e-f.)
a. Site Name: Niagara Recycling, Inc.	c. Phone No.: 716-285-3344
b. Physical Address: 5600 Niagara Falls Blvd.	d. Mailing Address Same
Niagara Falls, NY 14304	
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the	e best of my knowledge the foregoing is true and accurate.
f. Parn Scott Pam Scott Name of Authorized Agent Signature	1
	omplete a-d. f, g, Operator* completes e.)
a. Operator's* Name:EarthTech	b. Operator's* Phone No.: 804-354-6437
c. Operator's Address: 2229 Tomlynn St., Richmond, V	
d. Special Handling Instructions and additional information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consign packed, marked, and labeled, and are in all respects in proper condition for transport	ment are fully and accurately described above by proper shipping name and are classified, by highway according to applicable international and government regulations.
e. Operator's* Name & Title: Print/Type Custory	Operator's Signature Date
f. Name and Address of Responsible Agency: USEPA Region II, Edison, Ne	w Jersey 08817
g.  Friable;  Non-friable;  Both  % friable	100 , % nonfriable
* Operator refers to the company which owns, leases, operates, controls, or supervises	s the facility being demolished or renovated, or the demolition or renovation operation, or both.



If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III

.... No. 367517

If waste is NOT aspestos waste	e, complete only Sections I, II and III.
Section 1 GENERATOR (G	ienerator completes all of Section I)
a. Generator Name: USEPA Region II	b. Generating Location: Bossert Manufacturing Site
c. Address 2890 Woodbridge	d. Address: 1002 Oswego Street
Edison, New Jersey 08817	Utica, NY 13502
732_501_2272	215 724 1204
e. Phone No.:	f. Phone No.: 313-734-1394
g. Owner's Name:	n. Owners Phone No.:
i. BFI WASTE CODE	Containers DM - METAL DRUM DP - PLASTIC DRUM B - BAG
j. Description of Waste: Non-Friable Asbestos	k. Quantity Units No. TYPE BA - 6 MIL. PLASTIC BAG or WRAP
	T -TRUCK  T O -OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is any applicable state law, has been properly described, classified and packaged, applicable regulations; AND, if the waste is a treatment residue of a previously Restrictions, I certify and warrant that the waste has been treated in accordance with hazardous waste as defined by 40 CFR Part 26 f.  Generator Authorized Agent Name  Signature	and is in proper condition for transportation according to restricted hazardous waste subject to the Land Disposal ith the requirements of 40 CFR Part 268 and is no longer a Shipment Date  P - POUNDS Y - YARDS M³ - CUBIC METERS Y³ - CUBIC YARDS O - OTHER
Section II TRANSPORTER (Generato	or complete a-d: Transporter II complete e-g Transporter II complete h-n
TRANSPORTER I	TRANSPORTER II
a. Name: Hazmat Environmental Group, Inc.	h. Name:
b. Address: 60 Commerce Drive	i. Address:
Buffalo, NY 14218	
c. Driver Name/Title: 1/MOTHY J. OHARA (DRIVE	j. Driver Name/Title:
d. Phone No.: 716-827-7200 PRINT/TYPE e. Truck No.: R71-4	PRINT/TYPE  k. Phone No.:
f. Vehicle License No./State: PX54-96 (VY)	
Acknowledgement of Receipt of Materials.	m. Vehicle License No./State:
Just 10/1 07/49	<b>7</b>
g. Driver Signature Shipment Date	n Insure Shipment Date
Section III DESTINATION (Generator of	completes a-d, destination site completes e-f.)
a. Site Name: Niagara Recycling, Inc.	c. Phone No.: 716-285-3344
b. Physical Address: 5600 Niagara Falls Blvd.	d. Mailing AddressSame
Niagara Falls, NY 14304	u. Mailing Address
Discrepancy Indication Space:     I hereby certify that the above named material has been accepted and to the space of the space.	he heat of any language the foregoing is true and a supply
Thereby certify that the above hamed material has been accepted and to the	te best of my knowledge the foregoing is true and accurate.
f	
Name of Authorized Agent Signature	Receipt Date
	complete a-d, f, g, Operator completes e.}
a. Operator's* Name: EarthTech	b. Operator's* Phone No.:804-354-6437
c. Operator's* Address: 2229 Tomlynn St., Richmond, V	Firginia 23235
d. Special Handling Instructions and additional information:	
<b>OPERATOR'S CERTIFICATION:</b> I hereby declare that the contents of this consign packed, marked, and labeled, and are in all respects in proper condition for transport	nment are fully and accurately described above by proper shipping name and are classified, to by highway according to applicable international and government regulations.
e. Operator's* Name & Title: Print/Type	
f. Name and Address  of Responsible Agency:  USEPA Region II, Edicon, Ne	Operator's Signature Date  3 Jersey C8817
g.  Friable; Non-friable; Both % friable	100 % nonfriable



If waste is asbestos waste, complete Sections I, II, III and IV.

No. 367517

	, complete only Sections I, II and III.
a. Generator Name: USEPA Region II	b. Generating Location: Bossert Manufacturing Site
c. Address 2890 Woodbridge	d. Address: 1002 Oswego Street
Edison, New Jersey 08817	Utica, NY 13502
e. Phone No.: 732-591-2278	f. Phone No.: 315-734-1394
If owner of the generating facility differs from the generator, provide:	THOMO NO.
g. Owner's Name:	h. Owner's Phone No.:
i. BFI WASTE CODE	TYPE  Containers DM - METAL DRUM DP - PLASTIC DRUM B - BAG
j. Description of Waste:Non-Friable Asbestos	k. Quantity Units No. TYPE BA - 6 MIL. PLASTIC BAG or WRAP
	T TRUCK TO OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is any applicable state law, has been properly described, classified and packaged, applicable regulations; AND, if the waste is a treatment residue of a previously Restrictions, I certify and warrant that the waste has been treated in accordance with hazardous waste as defined by 40 CFR Part 261.  TACK D, HALMON	and is in proper condition for transportation according to restricted hazardous waste subject to the Land Disposal Y - YARDS
Generator Authorized Agent Name Signature	Shipment Date
Section II TRANSPORTER (Generato	Transporter I complete e-g r complete a-dt. Transporter II complete h-n )
TRANSPORTER I	TRANSPORTER II
a. Name: Hazmat Environmental Group, Inc.	h. Name:
b. Address: 60 Commerce Drive	i. Address:
Buffalo, NY 14218	
c. Driver Name/Title: TIMOTHY J. OHARA (DRIVE	j. Driver Name/Title:
d. Phone No.: 716-827-7200 PRINT/TYPE e. Truck No.: RTL-4	k. Phone No.: i. Truck No.:
f. Vehicle License No./State: PX5496 (VY)	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
g. Driver Signature Shipment Date	n. Driver Signature Shipment Date
Section III DESTINATION (Generator c	ompletes a-d, destination site completes e-f.)
a. Site Name: Niagara Recycling, Inc.	c. Phone No.:716-285-3344
b. Physical Address: 5600 Niagara Falls Blvd.	d. Mailing Address Same
Niagara Falls, NY 14304	
e. Discrepancy Indication Space:	·
I hereby certify that the above named material has been accepted and to the	ne best of my knowledge the foregoing is true and accurate.
f. Pam Scott Pam Scott Name of Authorized Agent Signature	$\frac{0711498}{\text{Receipt Date}}  \text{san60}$
Section IV ASBESTOS (Generator co	omplete a-d, t, g, Operator* completes e)
a. Operator's* Name: <u>EarthTech</u>	b. Operator's* Phone No.: 804-354-6437
c. Operator's* Address: 2229 Tomlynn St., Richmond, V	/irginia 23230
d. Special Handling Instructions and additional information:	
<b>OPERATOR'S CERTIFICATION:</b> I hereby declare that the contents of this consign packed, marked, and labeled, and are in all respects in proper condition for transport	ment are fully and accurately described above by proper shipping name and are classified, by highway according to applicable international and government regulations.
e. Operator's* Name & Title: Print/Type	BPFITTO STANDING M
f. Name and Address of Responsible Agency: USEPA Region II, Edison, Ne	Operator Signature Date  W Jersey 08817
g.  Friable;  Non-friable;  Both % friable	100 % nonfriable



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is <u>NOT</u> asbestos waste, complete only Sections I, II and III.

Section I GENERATOR (6	Generator completes all of Section ()
a. Generator Name: USEPA Region II	b. Generating Location: Bossert Manufacturing Site
c. Address	d. Address:
Edison, New Jersey 08817	Utica, NY 13502
e. Phone No.: 732-591-2278	f. Phone No.: 315-734-1394
If owner of the generating facility differs from the generator, provide:	I. Priorie No
g. Owner's Name:	
i. BFI WASTE CODE	Containers DM - METAL DRUM DP - PLASTIC DRUM B - BAG
j. Description of Waste: Non-Friable Asbestos	k. Quantity Units No. TYPE BA - 6 MIL. PLASTIC BAG or WRAP T - TRUCK O - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material any applicable state law, has been properly described, classified and packaged applicable regulations; AND, if the waste is a treatment residue of a previously Restrictions, I certify and warrant that the waste has been treated in accordance valuations waste as defined by 40 CFR Part 261.  Generator Authorized Agent Name  Signature	d, and is in proper condition for transportation according to y restricted hazardous waste subject to the Land Disposal Y - YARDS
	Transporter I complete e-g
TRANSPORTER I  Hazmac Environmental Group, Inc.	tor complete a-d; Transporter II complete h-n. )  TRANSPORTER II
a. Name: 60 Commerce Drive	h. Name:
b. Address: Buffalo, NY 14218	i. Address:
TIMOTHY TOWARD WALL	· (7)
c. Driver Name/Title: PRINT/TYPE PRINT/TYPE	j. Driver Name/Title:
d. Phone No.:	k. Phone No.: I. Truck No.:
f. Vehicle License No./State:	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	<b>D</b> n
Driver Signature Shipment Date Section III DESTINATION. (Generator	Driver Signature Shipment Date  Completes a-d, destination site completes e-f.)
a. Site Name: Mingara Recycling, Inc.	c. Phone No.: 716-285-3344
b. Physical Address: 5600 Niagara Falle Blvd.	Some
Niagara Falls, NY 14304	d. Mailing Address
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to	the best of my knowledge the foregoing is true and accurate.
f. Name of Authorized Agent Signature	Receipt Date
Section IV  ASBESTOS (Generator)  a. Operator's* Name:	complete a-d, f, g, Operator* completes e.)
c. Operator's* Address:	b. Operator's Prione No.:
d. Special Handling Instructions and additional information:	
	gnment are fully and accurately described above by proper shipping name and are classified, it by highway according to applicable international and government regulations.
e. Operator's* Name & Title:	
Name and Address  of Responsible Agency:  USEPA Region II, Edison, Ne	
g. Friable; Non-friable; Both % friable	196 % nonfriable
* Operator refers to the company which owns, leases, operates, controls, or supervise	es the facility being demolished or renovated, or the demolition or renovation operation, or both.



If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III.

No. 367519

If waste is NOT aspestos wast	te, complete only Sections I, II and III.
Section I GENERATOR (	Generator completes all of Section I)
a. Generator Name: USEPA Region II	b. Generating Location: Bossert Manufacturing Site
2890 Voodbridge	1002 Ocuceo Street
c. Address	d. Address:
e. Phone No.:	f. Phone No.:
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name:	
i. BFI WASTE CODE Non-Friable Asbestos	Containers DM - METAL DRUM DP - PLASTIC DRUM B - BAG
j. Description of Waste:	k. Quantity Units No. TYPE BA - 6 MIL. PLASTIC BAG or WRAP  T - TRUCK O - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material any applicable state law, has been properly described, classified and packaged applicable regulations; AND, if the waste is a treatment residue of a previously Restrictions, I certify and warrant that the waste has been treated in accordance whazardous waste as defined by 40 CFR Part 261.  Generator Authorized Agent Name  Signature	I, and is in proper condition for transportation according to y restricted hazardous waste subject to the Land Disposal Y - YARDS
Section II TRANSPORTER (General	Transporter I complete e-g \
TRANSPORTER I	TRANSPORTER II
a. Name: Hazmat Environmental Group, Inc.	
60 Commerce Drive	h. Name:
b. Address: Buffalo, NY 14218	i. Address:
•	<u></u>
c. Driver Name/Title: TIMOTHY J. OHNIA DON	j. Driver Name/Title:
d. Phone No.: 716-827-7200 PRINT/TYPE e. Truck No.: 4	k. Phone No.: I. Truck No.:
f. Vehicle License No./State:	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
Santhy 10 Hay 07169	
Driver Signature Shipment Date	Driver Signature Shipment Date
	completes a-d, destination site completes e-f.)
a. Site Name: Niagara Recycling, Inc.	c. Phone No.:
b. Physical Address: 5600 Niagaza Falls Blvd.	d. Mailing Address
Niagara Falls, NY 14304	
a. Disgraphy Indication Space.	
Discrepancy Indication Space:     I hereby certify that the above named material has been accepted and to a	the best of my knowledge the foregoing is true and accurate
,	
f	
Name of Authorized Agent Signature	Receipt Date
	complete a-d. f, g, Operator* completes e.)
a. Operator's* Name: EarthTeck	b. Operator's* Phone No.: 804-354-6437
c. Operator's Address: 2229 Tomlynn St., Richmond,	Virginia 23230
d. Special Handling Instructions and additional information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignacked, marked, and labeled, and are in all respects in proper condition for transport	nment are fully and accurately described above by proper shipping name and are classified,
e. Operator's* Name & Title:	TO SALES OF PRINCIPAL PRIN
i. Name and Address of Responsible Agency:	Operator's Signature Date  ew Jersey 08817
g.  Friable; Non-friable; Both % friable	100 % nonfriable

GENERATOR RETAIN



If waste is asbestos waste, complete Sections I, II, III and IV.

No. 367519

S	Section I Generator GENERATOR (Generator of	<u> </u>
a.	a. Generator Name: USEPA Region II b. Gen	erating Location: Bossert Manufacturing Site
C.	c. Address 2890 Woodbridge d. Add	ress: 1002 Oswego Street
	Edison, New Jersey 08817	Utica, NY 13502
_	e. Phone No.: 732–591–2278 f. Pho	315-734-1394
	e. Phone No.:	1e No.:
	g. Owner's Name: h. Own	ner's Phone No
9.		
i.	i. BFI WASTE CODE  Non-Friable Asbestos	Containers DM - METAL DRUM DP - PLASTIC DRUM B - BAG
j.	j. Description of Waste: NON-FFIABLE ASDESCOS k. Q	Jantity Units No. TYPE BA - 6 MIL. PLASTIC BAG or WRAP
		OOP O 1 T T TRUCK O THER
	GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hat any applicable state law, has been properly described, classified and packaged, and is in applicable regulations; AND, if the waste is a treatment residue of a previously restricted Restrictions, I certify and warrant that the waste has been treated in accordance with the required hazardous waste as defined by 40 CFR Part 261.  Generator Authorized Agent Name  Gignature	proper condition for transportation according to P - POUNDS Y - YARDS
S	Section II TRANSPORTER (Generator complete	Transporter Loomplete e-g
	TRANSPORTER I	TRANSPORTER II
a.	Harman Engineers to 1 Course To 2	Name:
h	60 Commerce Drive	Address:
•	Buffalo, NY 14218	· ·
•	c. Driver Name/Title: TIMOTHY J. OHARA (DRIVER)	Duit on Name (Title)
	PRINT/TYPE OTT 4	Driver Name/Title:PRINT/TYPE
		Phone No.: I. Truck No.:
f.		Vehicle License No./State:
	) al noul manage	Additions against of receipt of materials.
g.	g. Lewis Chy / O Hand O 716 98 n.  Driver Signature Shipment Date	Driver Signature Shipment Date
S	Section III DESTINATION (Generator completes	a,d, destination site completes e-f.)
a.	•	Phone No.:716-285-3344
b.	b. Physical Address: 5600 Niagara Falls Blvd. d.	Mailing Address Same
	Niagara Falls, NY 14304	-
e.	e. Discrepancy Indication Space:	
	I hereby certify that the above named material has been accepted and to the best of	f my knowledge the foregoing is true and accurate.
f.	, Pam Scott Pam Scott	071698 san60
0	Name of Authorized Agent Signature  Section IV ASBESTOS (Generator complete a	Receipt Date
Lastri.	P11	
	2220 M. T. O. D. 1 1 11 1	Operator's* Phone No.: 804-354-6437
		nia 23230
	d. Special Handling Instructions and additional information:	
pa	OPERATOR'S CERTIFICATION: Il hereby declare that the contents of this consignment are packed, marked, and labeled, and are in all respects in proper condition for transport by highways the contents of this consignment are	tully and accurately described above by proper shipping name and are classified, ay according to applicable international and government regulations.
e.	e. Operator's* Name & Title: Print/Type	SPOINTO LOS CAO
f.	f. Name and Address of Responsible Agency: USEPA Region II, Edison, New Jer	Operator's Signature Date
g.	g. Friable; K. Non-friable; Both % friable * 100	% nonfriable



If waste is asbestos waste, complete Sections I, II, III and IV.

No. 270566

if waste is <u>NOT</u> aspestos waste	, complete only Sections I, II and III.
Section I GENERATOR (Ge	enerator completes all of Section ()
a. Generator Name: USEPA Region II	b. Generating Location: Bossert Manufacturing Site
	d. Address:1002 Oswego Street
Edison, New Jersey 08817	Utica, NY 13502
e. Phone No.: 732-591-2278	f. Phone No.: 315-734-1394
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name:	h. Owner's Phone No.:
i. BFI WASTE CODE	TYPE  Containers DM - METAL DRUM DP - PLASTIC DRUM
j. Description of Waste: Non-Hazardous Building Debris	k. Quantity Units No. TYPE B - BAG BA - 6 MIL. PLASTIC BAG or WRAP
· · · · · · · · · · · · · · · · · · ·	
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is any applicable state law, has been properly described, classified and packaged, applicable regulations; AND, if the waste is a treatment residue of a previously restrictions, I certify and warrant that the waste has been treated in accordance with bazardous waste as defined by 40 CFR Part 261.  Generator Authorized Agent Name  Signature	and is in proper condition for transportation according to P - POUNDS restricted hazardous waste subject to the Land Disposal
Section II TRANSPORTER (Generator	Complete a-d. Transporter I complete e-g )
TRANSPORTER Ĭ	TRANSPORTER II
a. Name: Hazmat Environmental Group, Inc.	h. Name:
b. Address: 60 Commerce Drive	i. Address:
Buffalo, NY 14218	
c. Driver Name/Title: TIMOTHY J. OHARA ONVO	j. Driver Name/Title:
d. Phone No.: (716) 827-7200 e. Truck No.: (716)	k. Phone No.:
f. Vehicle License No./State: AX 34 96 (N)	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
g. Zerotty J. O'Haug 072195  Driver Signature Shipment Date	
	Driver Signature Shipment Date omplétés a-d, destination sité complétés e-f.)
a. Site Name: Niagara Recycling, Inc.	c. Phone No.: (716) 285-3344
b. Physical Address: 5600 Niagara Falls Blvd.	d. Mailing Address Same
Niagara Falls, NY 14304	
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the	e best of my knowledge the foregoing is true and accurate.
f	
Name of Authorized Agent Signature  Section IV ASBESTOS (Generator co	Receipt Date  Implete a-d, f, g, Operator* completes e.)
a. Operator's* Name:	
~	b. Operator's* Phone No.:
c. Operator's* Address:	
d. Special Handling Instructions and additional information:	
packed, marked, and labeled, and are in all respects in proper condition for transport	ment are fully and accurately described above by proper shipping name and are classified, by highway according to applicable international and government regulations.
e. Operator's* Name & Title:	
Name and Address of Responsible Agency:	Operator's Signature Date
g.  Friable;  Non-friable; Both % friable	% nonfriable



If waste is asbestos waste, complete Sections I, II, III and IV.

... No.270567

If waste is <u>NOT</u> asbestos waste,	, complete only Sections I, II and III.
Section I GENERATOR (Ge	nerator completes all of Section 1).
a. Generator Name: USEPA Region II	b. Generating Location: Bossert Manufacturing Site
The state of the s	d. Address: 1002 Oswego Street
Edison, New Jersey 08817	Utiea, NY 13502
	f. Phone No.: 315-734-1394
e. Rhone No.:	f. Phone No.: 323 734 2334
	h. Owner's Phone No.:
g. Owners maine.	TYPE .
i. BFI WASTE CODE	Containers DM - METAL DRUM DP - PLASTIC DRUM B - BAG
Description of Waste: Non-Hazardous Building Debris	k. Quantity Units No. TYPE BA - 6 MIL. PLASTIC BAG or WRAP
· · · · · · · · · · · · · · · · · · ·	ODOSOKI I TRUCK
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is any applicable state law, has been properly described, classified and packaged, applicable regulations; AND, if the waste is a treatment residue of a previously restrictions, I certify and warrant that the waste has been treated in accordance with hazardous waste as defined by 40 CFR Part 261  Generator Authorized Agent Name  Signature	and is in proper condition for transportation according to restricted hazardous waste subject to the Land Disposal Y - YARDS
Section II TRANSPORTER (Generator	r complete a-d. Transporter I complete e-g.)
TRANSPORTER I	TRANSPORTER II
a. Name: Hazmat Environmental Group, Inc.	h. Name:
b. Address: 60 Commerce Drive	i. Address:
Buffalo, NY 14218	
c. Driver Name/Title: TIMOTHY J. OHARA (DRIVE	j. Driver Name/Title:
d. Phone No.: (716) 827-7200 PRINT/TYPE e. Truck No.: 272-4	PRINT/TYPE k. Phone No.: 1. Truck No.:
f. Vehicle License No./State: PX5496 (WY)	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials:
g John O Hay Driver Signature Shipment Date	n. Driver Signature Shipment Date
Section III DESTINATION (Generator of	complètes a-d, destination site complètes è-f.)
a. Site Name: Niagara Recycling, Inc.	c. Phone No.: (716) 285-3344
b. Physical Address: 5600 Niagara Falls blvd.	d. Mailing Address Same
Niagara Falls, NY 14304	
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the	ne best of my knowledge the foregoing is true and accurate.
f. Name of Authorized Agent Signature	
	Receipt Date , omplete a-d, f, g, Operator* completes e.)
a. Operator's* Name:	b. Operator's* Phone No.:
c. Operator's* Address:	b. Operators Priorie No
d. Special Handling Instructions and additional information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consign packed, marked, and labeled, and are in all respects in proper condition for transport	nment are fully and accurately described above by proper shipping name and are classified, by highway according to applicable international and government regulations.
e. Operator's*-Name & Title:	· // []
Print/Type  f. Name and Address  of Responsible Agency:	Operator's Signature Date
g.  Friable;  Non-friable;  Both friable	% nonfriable
Operator refers to the company which owns, leases, operates, controls, or supervises	s the facility being demolished or renovated, or the demolition or renovation operation; or both.



If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III.

No.270568

If waste is <u>NOT</u> asbestos waste,	, complete only Sections I, II and III.
Section I GENERATOR (Ge	enerator completes all of Section i)
a. Generator Name: USEPA Region II	b. Generating Location: Bossert Manufacturing Site
6486 m 41 44	d. Address: 1002 Oswego Street
Edison, New Jersey 08817	Utica, NY 13502
	f. Phone No.: 315-734-1394
If owner of the generating facility differs from the generator, provide:	, Thomas is a second of the se
g. Owner's Name:	h. Owner's Phone No.:
BFI WASTE CODE	TYPE  Containers  DM - METAL DRUM DP - PLASTIC DRUM B - BAG
Description of Waste: Non-Hazardous Building Debris	k. Quantity Units No. TYPE BA - 6 MIL. PLASTIC BAG
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is any applicable state law, has been properly described, classified and packaged, applicable regulations; AND, if the waste is a treatment residue of a previously restrictions, I certify and warrant that the waste has been treated in accordance with hazardous waste as defined by 40 CFR Part 261.  Generator Authorized Agent Name  Signature	and is in proper condition for transportation according to restricted hazardous waste subject to the Land Disposal the requirements of 40 CFR Part 268 and is no longer a  Shipment Date  P - POUNDS Y - YARDS M³ - CUBIC METERS Y³ - CUBIC YARDS O - OTHER
Section II TRANSPORTER (Generator	r complete a-d: Transporter II complete e-g
TRANSPORTER I	TRANSPORTER II
a. Name: Hazmat Environmental Group, Inc.	h. Name:
b. Address: 60 Commerce Drive	i. Address:
Buffalo, NY 14218	
c. Driver Name/Title: TIMOTHY J. O'HARA ORIVO	j. Driver Name/Title:
d. Phone No.: (716) 827-7200 PRINT/TYPE e. Truck No.: 177-4	k. Phone No.: I. Truck No.:
f. Vehicle License No./State: PK5476 (NY)	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
g. Driver Signature O72398 Shipment Date	n
Section III DESTINATION (Generator of	ompletes a-d, destination site completes e-t.)
a. Site Name: Niagara Recycling, Inc.	c. Phone No.: (716) 285-3344
b. Physical Address:5600 Niagara Falls Blvd.	d. Mailing Address Same
Niegara Falls, NY 14304	
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the	ne best of my knowledge the foregoing is true and accurate.
Name of Authorized Agent Signature	Receipt Date
Section IV ASBESTOS (Generator co	omplete a-d, f, g, Operator* completes e.)
a. Operator's* Name:	b. Operator's* Phone No.:
c. Operator's* Address:	
d. Special Handling Instructions and additional information:	
<u> </u>	nment are fully and accurately described above by proper shipping name and are classified, by highway according to applicable international and government regulations.
Operator's* Name & Title:	
Print/Type  Name and Address of Responsible Agency:	Operator's Signature Date
_	
g Friable;	% nontriable

Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or the demolition or renovation operation, or the demolition or renovation operation, or the demolition or renovation operation, or the demolition or renovation operation, or the demolition or renovation operation, or the demolition or renovation operation, or the demolition or renovation operation, or the demolition or renovation operation, or the demolition or renovation operation, or the demolition or renovation operation, or the demolition of the demolitic of the demolition of the demolitic of th



If waste is asbestos waste, complete Sections I, II, III and IV.

If waste is NOT asbestos waste, complete only Sections I, II and III.

	enerator completes all of Section I)
a. Generator Name: USEPA Region II	b. Generating Location: Bossert Manufacturing Site
	1000
Edison, New Jersey 08817	Utica, NY 13502
	f. Phone No.: 315-734-1394
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name:	h. Owner's Phone No.:
i. BFI WASTE CODE	TYPE  Containers  DM - METAL DRUM DP - PLASTIC DRUM
j. Description of Waste: Non-Hazardous Building Debris	K. Quantity Units No. TYPE B - BAG BA - 6 MIL. PLASTIC BAG or WRAP T - TRUCK
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is any applicable state law, has been properly described, classified and packaged, applicable regulations; AND, if the waste is a treatment residue of a previously restrictions, I certify and warrant that the waste has been treated in accordance with hazardous waste as defined by 40 CFR Part 26.  Generator Authorized Agent Name  Signature	and is in proper condition for transportation according to restricted hazardous waste subject to the Land Disposal  Y - YARDS
Section II TRANSPORTER (Generator	complete a d; Transporter I complete e-g
TRANSPORTER I	TRANSPORTER II
a Name: Hazmat Environmental Group, Inc.	h. Name:
b. Address: 60 Commerce Drive	i. Address:
Buffalo, NY 14218	
c. Driver Name/Title: TIMOTHY J O'HARA GAILL.	j. Driver Name/Title:
d. Phone No.: (716) 827-7200 e. Truck No.: (777-9	k. Phone No.: I. Truck No.:
f. Vehicle License No./State: PX5496 (WY)	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
g. Inversignature Date Shipment Date	
and the same of th	Driver Signature Shipment Date  Ompletes a-d, destination site completes e-f.)
a. Site Name: Niagara Recycling, Inc.	c. Phone No.:(716) 285-3344
b. Physical Address:5600 Niagara Falls Blvd.	d. Mailing AddressSame
Niagare Falls, NY 14304	
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the	
Name of Authorized Agent Signature	Receipt Date
Section IV ASBESTOS (Generator co	mplete a-d, f, g, Operator completes a.)
a. Operator's* Name:	b. Operator's* Phone No.:
c. Operator's* Address:	7
d. Special Handling Instructions and additional information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignroacked, marked, and labeled, and are in all respects in proper condition for transport by	ment are fully and accurately described above by proper shipping name and are classified, by highway according to applicable international and government regulations.
e. Operator's* Name & Title:	
Print/Type  Name and Address of Responsible Agency:	Operator's Signature Date
g. Friable; Non-friable; Both % friable	% nonfriable
Operator refers to the company which owns, leases, operates, controls, or supervises	the facility being demolished or renovated, or the demolition or renovation operation, or both.



If waste is asbestos waste, complete Sections I, II, III and IV.

No.270561

	e, complete only Sections I, II and III.
Section I GENERATOR (Ge	enerator completes all of Section I)
a. Generator Name: USEPA Region II	b. Generating Location: Bossert Manufacturing Site
c. Address 2890 Woodbridge	d. Address: 1002 Oawego Street
Edison, NJ 08817	Utica, NY 13502
e. Phone No.: 732-591-2278	f. Phone No.: 315-734-1394
If owner of the generating facility differs from the generator, provide:	1. (110/18 140
g. Owner's Name:	h. Owner's Phone No.:
i. BFI WASTE CODE	TYPE  Containers DM - METAL DRUM DP - PLASTIC DRUM
j. Description of Waste: Friable Asbestos	k. Quantity Units No. TYPE B - BAG BA - 6 MIL. PLASTIC BAG
RQ Asbestos, 9 NA 2212 III	ODDSD V 0 1 T OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is any applicable state law, has been properly described, classified and packaged, applicable regulations; AND, if the waste is a treatment residue of a previously Restrictions, I certify and warrant that the waste has been treated in accordance with hazardous waste as defined by 40 CFR Part 261.  Generator Authorized Agent Name  Signature  Signature  For Energy	and is in proper condition for transportation according to restricted hazardous waste subject to the Land Disposal Y - YARDS
Section II TRANSPORTER (Generato	
TRANSPORTER (Generator	r complete a-d. Transporter II complete h-n )  TRANSPORTER II
a. Name: Hazmat Environmental Group, Inc.	
b. Address: 60 Commerce Drive	h. Name:
Buffalo, NY 14218	i. Address:
c. Driver Name/Title: TIMOTHY J. O'HARA DRIVE	7)
d. Phone No.: 716-827-7260 PRINT/TYPE e. Truck No.: 772-4/	print/type
0/~/0//0//	k. Phone No.: I. Truck No.:
f. Vehicle License No./State: 715 9 % (7017)  Acknowledgement of Receipt of Materials.	m. Vehicle License No./State: Acknowledgement of Receipt of Materials.
g. 2014, 10/mg 072798  Shipment Date	<b>?</b> n
	Driver Signature Shipment Date completes a-d, destination site completes e-f.)
a. Site Name: Niagara Recycling, Inc.	c. Phone No.: 716-285-3344
b. Physical Address: 56th St. & Niagara Falls Blvd.	d. Mailing AddressSame
Niegara Falls, NY 14304	G. Walling Address
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the	ne best of my knowledge the foregoing is true and accurate.
f. Name of Authorized Agent Signature	Receipt Date
-g	omplete a-d, f, g, Operator completes e,)
a. Operator's* Name: EarthTech	b. Operator's* Phone No.: 804-354-6437
c. Operator's* Address: 2229 Tomlynn Street, Richmo	
d. Special Handling Instructions and additional information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consign packed, marked, and labeled, and are in all respects in proper condition for transport	nment are fully and accurately described above by proper shipping name and are classified, by highway according to applicable international and government regulations.
e. Operator's* Name & Title:	Operator & Signature  Operator & Signature  Date
f. Name and Address of Responsible Agency: USEPA Region II, Edison, Ne	
g. 🗷 Friable; 🗌 Non-friable; 🗎 Both % friable	% nonfriable
* Operator refers to the company which owns, leases, operates, controls, or supervises	the facility being demolished or renovated, or the demolition or renovation operation, or both.



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is <u>NOT</u> asbestos waste, complete only Sections I, II and III

No.270571

Section I GENERATOR (G	enerator completes all of Section I)
a. Generator Name: USEPA Region II	b. Generating Location: Bossert Manufacturing Site
c. Address 2890 Woodbridge	d. Address: 1002 Oswego Street
Edison, New Jersey 08817	Utica, NY 13502
e. Phone No.: 732-591-2278	f. Phone No.: 315-734-1394
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name:	h. Owner's Phone No.:
i. BFI WASTE CODE	TYPE  Containers DM - METAL DRUM DP - PLASTIC DRUM
j. Description of Waste: Non-Hazardous Building Debris	k. Quantity Units No. TYPE B - BAG BA - 6 MIL. PLASTIC BAG or WRAP T - TRUCK O - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is any applicable state law, has been properly described, classified and packaged, applicable regulations; AND, if the waste is a treatment residue of a previously Restrictions, I certify and warrant that the waste has been treated in accordance with hazardous waste as defined by 40 CFR Part 261.  Generator Authorized Agent Name  Signature	and is in proper condition for transportation according to restricted hazardous waste subject to the Land Disposal Y - YARDS
Section II (Generato	r complete a-d; Transporter I complete e-g
TRANSPORTER I	TRANSPORTER II
a. Name: Hazmat Environmental Group, Inc.	h. Name:
b. Address: 60 Commerce Drive	i. Address:
Buffalo, NY 14218	
c. Driver Name/Title: TIMOTHY J. O'HARA (DER	Driver Name/Title:
d. Phone No.: (716) 827-7200 PRINT/TYPE e. Truck No.: 272-4	PRINT/TYPE  k. Phone No.: I. Truck No.:
f. Vehicle License No./State: PX5496 (NY)  Acknowledgement of Receipt of Materials.	m. Vehicle License No./State:  Acknowledgement of Receipt of Materials.
g. Amolly O'Aaa 07287	n Shipment Date
	completes a-d, destination site completes e-f.)
a. Site Name: Liagara Recycling, Inc.	c. Phone No.: (716) 285-3344
b. Physical Address: 5600 Niagara Falls Blvd.	d. Mailing Address Same
Nicgara Falls, NY 14304	
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the	
f	Receipt Date
Section IV ASBESTOS (Generator o	omplete a-d, f, g, Operator* completes e.)
a. Operator's* Name:	b. Operator's* Phone No.:
c. Operator's* Address:	
d. Special Handling Instructions and additional information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consign packed, marked, and labeled, and are in all respects in proper condition for transport	nment are fully and accurately described above by proper shipping name and are classified, by highway according to applicable international and government regulations.
e. Operator's* Name & Title:	
Print/Type  Name and Address of Responsible Agency:	Operator's Signature Date
g.  Friable;  Non-friable;  Both % friable	% nonfriable
Operator referents the seminary which	and the same of th



If waste is asbestos waste, complete Sections I, II, III and IV.

If waste is NOT asbestos waste, complete only Sections I, II and III.

Section I GENERATOR (Generator completes all of Section I) 11 (1) 11 (1) 12 (1) 13 (1) 13 (1) 14 (1) 15 (1)
a. Generator Name: USEPA Region II b. Generating Location: Bossert Manufacturing Site
c. Address 2890 Woodbridge d. Address: 1002 Oswego Street
Edison, NJ 08817 Utica, NY 13502
e. Phone No.: 732-591-2278 f. Phone No.: 315-734-1394
If owner of the generating facility differs from the generator, provide:
g. Owner's Name:h. Owner's Phone No.:
i. BFI WASTE CODE  TYPE  Containers  DM - METAL DRUM DP - PLASTIC DRUM B - BAG
j. Description of Waste: Friable Asbestos K. Quantity Units No. TYPE BA - 6 MIL PLASTIC BAG or WRAP
RQ Asbestos, 9 NA 2212 III
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Participant of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.  ACK  Generator Authorized Agent Name  Signature For Emergency Response: Shipment Date
Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g transporter II complete h-n )
TRANSPORTER I TRANSPORTER II
a. Name: Hazmat Environmental Group, Inc. h. Name:
b. Address: 60 Commerce Drive i. Address:
Buffalo, NY 14218
c. Driver Name/Title: TIMOTHY J. CHARA (MAN). Driver Name/Title:
c. Driver Name/Title:
f. Vehicle License No./State:  Acknowledgement of Receipt of Materials.  Thick No  m. Vehicle License No./State:  Acknowledgement of Receipt of Materials.
· Zenth John 072998 n.
Shipment Date Driver Signature Shipment Date  Section III DESTINATION (Generator completes a-d, destination site completes e-f.)
a. Site Name: Niagara Recycling, Inc. c. Phone No.: 716-285-3344
b. Physical Address: 56th St. & Niagara Falls Blvd. d. Mailing Address Same
Niagara Falls, NY 14304
e. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.
f. Name of Authorized Agent Signature Receipt Date
Section IV ASBESTOS (Generator complete a-d, i, g, Operator* completes e.)
a. Operator's* Name: EarthTech b. Operator's* Phone No.: 804-354-6437
c. Operator's* Address: 2229 Tomlynn Street, Richmond, Virginia 23230
d. Special Handling Instructions and additional information:
<b>OPERATOR'S CERTIFICATION:</b> I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.
e. Operator's* Name & Title: Operator's Signature  Operator's Signature  Operator's Signature
f. Name and Address of Responsible Agency: USEPA Region II, Edison, New Jersey 08817
g. S Friable; Non-friable; Both 100 % friable % nonfriable



If waste is asbestos waste, complete Sections I, II, III and IV.

If waste is NOT asbestos waste, complete only Sections I, II and III.

No.270562

	enerator completes all of Section I)
	b. Generating Location: Bossert Manufacturing Site
Generator Name: USEPA Region II  Address 2890 Woodbridge	d. Address: 1002 Oswego Street
7.00.000	
Edison, NJ 08817	Utica, NY 13502
e. Phone No.: 732-591-2278  If owner of the generating facility differs from the generator, provide:	f. Phone No.: 315-734-1394
	h. Owneda Phone No.
g, Owner's Name:	h. Owner's Phone No.:
i. BFI WASTE CODE	Containers DM - METAL DRUM DP - PLASTIC DRUM B - BAG
j. Description of Waste: Friable Asbestos	k. Quantity Units No. TYPE BA - 6 MIL PLASTIC BAG
RQ Asbestos, 9 NA 2212 III	OOBOQ I T T TRUCK
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is any applicable state law, has been properly described, classified and packaged, applicable regulations; AND, if the waste is a treatment residue of a previously Restrictions, I certify and warrant that the waste has been treated in accordance with hazardous waste as defined by 40 CFR Part 261.	and is in proper condition for transportation according to restricted hazardous waste subject to the Land Disposal Y - YARDS
Generator Authorized Agent Name  Generator Authorized Agent Name  Generator Authorized Agent Name	ency Response: Shipment Date
	or complete and: Transporter i complete e-g )
TRANSPORTER I	TRANSPORTER II
Name: Hazmat Environmental Group, Inc.	h. Name:
b. Address: 60 Commerce Drive	i. Address:
Buffalo, NY 14218	
c. Driver Name/Title: TIMOTHY J. O'HARA DE	(vot). Driver Name/Title:
d. Phone No.: 716-827-7200 PRINT/TYPE e. Truck No. 272-4	RRINT/TYPÉ  k. Phone No.: I. Truck No.:
f. Vehicle License No./State: DX5496 (VY) Acknowledgement of Receipt of Materials.	m. Vehicle License No./State:  Acknowledgement of Receipt of Materials.
· Zently Joffan 07299	<b>?</b>
- Compilient Gate	Driver Signature Shipment Date  completes a-d, destination site completes e-f.)
a. Site Name: Niagara Recycling, Inc.	c. Phone No.: 716-285-3344
b. Physical Address: 56th St. & Niagara Falls Blvd.	d. Mailing Address Same
Niagara Falls, NY 14304	u. Mailing Address
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to t	the best of my knowledge the foregoing is true and accurate.
PamScott Pam Scott Name of Authorized Agent  Name of Authorized Agent  Signature	† <u>N7D998</u> san6D
Section IV ASBESTOS (Generator of	complete a-d, f, g, Operator completes e.):
a. Operator's* Name: EarthTech	b. Operator's* Phone No.: 804-354-6437
c. Operator's Address: 2229 Tomlynn Street, Richmond	l, Virginia 23230
d. Special Handling Instructions and additional information:	the state of the s
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consig packed, marked, and labeled, and are in all respects in proper condition for transpor	nment are fully and accurately described above by proper shipping name and are classified to highway according to applicable international and government regulations
e. Operator's* Name & Title: Locol Cess Oct	RW BARRIE
f. Name and Address of Responsible Agency: USEPA Region II, Edison, No.	Operators Signature Date  ew Jersey 08817
g X Friable; Non-friable; Both 100 % friable	% nonfriable



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is NOT asbestos waste, complete only Sections I, II and III.

If waste is <u>NOT</u> asbestos waste, co	
	rator completes all of Section f)
a. Generator Name: USEPA Region II b.	Generating Location: Bossert Manufacturing Site
	Address: 1002 Oswago Street
Edison, New Jersey 08817	Utica, NY 13502
e. Phone No.: 732-591-2278 f.	Phone No.: 315-734-1394
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name: h.	Owner's Phone No.:
i. BFI WASTE CODE	Containers DM - METAL DRUM DP - PLASTIC DRUM B - BAG
j. Description of Waste: Non-Hazardous Building Debris	k. Quantity Units No. TYPE BA - 6 MIL. PLASTIC BAG or WRAP T - TRUCK
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is no	of a hazardous waste as defined by 40 CER Part 261 or UNITS
any applicable state law, has been properly described, classified and packaged, and applicable regulations; AND, if the waste is a treatment residue of a previously res Restrictions, I certify and warrant that the waste has been treated in accordance with the hazardous waste as defined by 40 CFR Part 261.  Generator Authorized Agent Name  Signature	d is in proper condition for transportation according to Stricted hazardous waste subject to the Land Disposal Y - YARDS
Section II TRANSPORTER (Generator of	Transporter I complete e-g. (
TRANSPORTER (Generator of	TRANSPORTER II
a. Name: Hazmat Environmental Group, Inc.	h. Name:
b. Address: 60 Commerce Drive	i. Address:
Buffalo, NY 14218	1. /tda/coo.
c. Driver Name/Title: MICHAEL HYERS	i Driver Name/Title
d. Phone No.: (716) 827–7200 PRINT/TYPE e. Truck No.: 135	j. Driver Name/Title: PRINT/TYPE k. Phone No.: I. Truck No.:
f. Vehicle License No./State: FN 3886 N.V.	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
g. Minua M. Mages 073198  Briver Signature Shipment Date	n Shipment Date
Section III DESTINATION (Generator con	mpletes a-d, destination site completes e-f.)
a. Site Name: Niagera Recycling, Inc.	c. Phone No.; (716) 285-3344
b. Physical Address: 5600 Niegara Falls Blvd.	d. Mailing Address Same
Niagara Falls, NY 14304	
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the	best of my knowledge the foregoing is true and accurate.
f. Name of Authorized Agent Signature	Receipt Date
Section IV ASBESTOS (Generator con	mplete a.d. f, g, Operator* completes e.)
a. Operator's* Name:	b. Operator's Phone No.:
c. Operator's* Address:	
d. Special Handling Instructions and additional information:	
<b>OPERATOR'S CERTIFICATION:</b> I hereby declare that the contents of this consignrepacked, marked, and labeled, and are in all respects in proper condition for transport to	ment are fully and accurately described above by proper shipping name and are classified by highway according to applicable international and government regulations.
e. Operator's* Name & Title:	
Print/Type  f. Name and Address	Operator's Signature Date
of Responsible Agency:	
g. 🗌 Friable; 🗌 Non-friable; 🔲 Both % friable	% nonfriable

Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.



If waste is asbestos waste, complete Sections I, II, III and IV.

If waste is <u>NOT</u> asbestos waste, con	
Section I General GENERATOR (General	
a. Generator Name: USEPA Region II b. (	Generating Location: Bossert Manufacturing Site
c. Address d. A	Address: 1002 Oswego Street
Edison, New Jersey 08817	Utica, NY 13502
e. Phone No.: 732-591-2278 f. F	Phone No.: 315-734-1394
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name: h. (	Owner's Phone No.:
i. BFI WASTE CODE	Containers  DM - METAL DRUM DP - PLASTIC DRUM B - BAG
j. Description of Waste: Non-Hazardous Building Debris k	Quantity Units No. TYPE BA - 6 MIL. PLASTIC BAG or WRAP T - TRUCK O - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not any applicable state law, has been properly described, classified and packaged, and applicable regulations; AND, if the waste is a treatment residue of a previously restr Restrictions, I certify and warrant that the waste has been treated in accordance with the hazardous waste as defined by 40 CFR Part 261.  Generator Authorized Agent Name  Signature	is in proper condition for transportation according to icted hazardous waste subject to the Land Disposal Y - YARDS
Section II (Generator con	Transporter I complete e-g )  plete a-d; Transporter II complete h-n )
TRANSPORTER I	TRANSPORTER II
a. Name: Harmat Environmental Group, Inc.	h. Name:
b. Address: 60 Commerce Drive	i. Address:
Buffalo, NY 14218	
c. Driver Name/Title: IMOTHY J. OHARA (BRIVER)	j. Driver Name/Title:
d. Phone No.: (716) 827-7200 e. Truck No.: (772-9)	k. Phone No.: f. Truck No.:
f. Vehicle License No./State: PX.5496 (NY)	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
g. Driver Signature Shipment Date	n Shipment Date
Section III DESTINATION (Generator comp	oletes a-d, destination site completes e-f.)
a. Site Name: Niagara Recycling, Inc.	c. Phone No.: (716) 285-3344
b. Physical Address: 5600 Niagara Falls Blvd.	d. Mailing Address Same
Niagara Falls, NY 14304	-
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the b	est of my knowledge the foregoing is true and accurate.
f.	
Name of Authorized Agent Signature	Receipt Date
Section IV ASBESTOS (Generator comp	iete a-d, f, g, Operator" completes a.)
a. Operator's* Name:	b. Operator's* Phone No.:
c. Operator's* Address:	
d. Special Handling Instructions and additional information:	· · · · · · · · · · · · · · · · · · ·
<b>OPERATOR'S CERTIFICATION:</b> I hereby declare that the contents of this consignme packed, marked, and labeled, and are in all respects in proper condition for transport by	nt are fully and accurately described above by proper shipping name and are classified, highway according to applicable international and government regulations.
e. Operator's* Name & Title:	
f. Name and Address of Responsible Agency:	Operator's Signature Date
g. Friable; Non-friable; Both % friable	% nonfriable





If waste is asbestos waste, complete Sections I, II, III and IV.

No.270574

Section I GENERATOR (Gene	erator completes all of Section I)
	Generating Location: Bossert Manufacturing Site
	Address: 1002 Ogwego Street
Edison, New Jersey 08817	Utica, NY 13502
	Phone No.: 315-734-1394
If owner of the generating facility differs from the generator, provide:	1.1010 1101
g. Owner's Name: h	
i. BFI WASTE CODE	TYPE  Containers  DM - METAL DRUM DP - PLASTIC DRUM B - BAG
j. Description of Waste: Non-Hazardous Building Debris	k. Quantity Units No. TYPE BA - 6 MIL. PLASTIC BAG
	T - TRUCK O - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is rany applicable state law, has been properly described, classified and packaged, ar applicable regulations; AND, if the waste is a treatment residue of a previously re Restrictions, I certify and warrant that the waste has been treated in accordance with hazardous waste as defined by 40 CFR Part 261.  Generator Authorized Agent Name  Signature	proper condition for transportation according to stricted hazardous waste subject to the Land Disposal the requirements of 40 CFR Part 268 and is no longer a shipment Date  P - POUNDS Y - YARDS M³ - CUBIC METERS Y³ - CUBIC YARDS O - OTHER
TRANSPORTER I	Transporter I complete e-g Transporter II complete h-n TRANSPORTER II
a. Name: Hazmat Environmental Group, Inc.	h. Name:
b. Address: 60 Commerce Drive	i. Address:
Buffalo, NY 14218	
c. Driver Name/Title: LARRY ABRAHA-PRINT/TYPE	j. Driver Name/Title:
d. Phone No.: (716) 827-7200 e. Truck No.: 1/3	k. Phone No.:
f. Vehicle License No./State: 15063 P NY Acknowledgement of Receipt of Materials.	m. Vehicle License No./State:
g. Lary Abraha 080398 Shipment Date	nShipment Date
	mpletes a-d, destination site completes e-f.)
a. Site Name: Niagara Recycling, Inc.	c. Phone No.: (716) 285-3344
b. Physical Address: 5600 Niagara Falls Blvd.	d. Mailing Address Same
Niagara Falls, NY 14304	···
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the	e best of my knowledge the foregoing is true and accurate.
f	
Name of Authorized Agent  Section IV  ASBESTOS (Generator co	Receipt Date
	mplete a-d, f, g, Operator* completes e.)
a. Operator's* Name:	b. Operator's* Phone No.:
c. Operator's* Address:	
d. Special Handling Instructions and additional information:	
packed, marked, and labeled, and are in all respects in proper condition for transport	ment are fully and accurately described above by proper shipping name and are classified, by highway according to applicable international and government regulations.
e. Operator's* Name & Title: Print/Type	Operator's Signature Date
f. Name and Address of Responsible Agency:	Date
g.  Friable;  Non-friable;  Both % friable	% nonfriable





If waste is asbestos waste, complete Sections I, II, III and IV.

If waste is <u>NOT</u> asbestos waste, or Section I Generator (Gene	omplete only Sections I, II and III.
a. Generator Name: USEPA Region II b.	Generating Location: Bossert Manufacturing Site
	. Address:1002 Oswego Street
Edison, NJ 08817	Utica, NY 13502
e. Phone No.: 732-591-2278 f.  If owner of the generating facility differs from the generator, provide:	Phone No.: 315-734-1394
	. Owner's Phone No.:
g. Owners Name.	TYPE
i. BFI WASTE CODE	Containers DM - METAL DRUM DP - PLASTIC DRUM B - BAG
j. Description of Waste: <b>Friable Asbestos</b>	k. Quantity Units No. TYPE BA - 6 MIL. PLASTIC BAG or WRAP
RQ Asbestos, 9 NA 2212 III	OCOBB 4 01 T O TRUCK O - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is n any applicable state law, has been properly described, classified and packaged, an applicable regulations; AND, if the waste is a treatment residue of a previously research residue of a previously residue o	rid is in proper condition for transportation according to stricted hazardous waste subject to the Land Disposal the requirements of 40 CFR Part 268 and is no longer a the requirements of 40 CFR Part 268 and is no longer a cubic METERS Y³ - CUBIC METERS Y³ - CUBIC YARDS O - OTHER
	cy Response: Shipment Date
Section II TRANSPORTER (Generator of	omplefe a-d. Transporter I complete e-g Transporter II complete h-n
TRANSPORTER I	TRANSPORTER II
a. Name: Hazmat Environmental Group, Inc.	h. Name:
b. Address: 60 Commerce Drive	i. Address:
Buffalo, NY 14218	-
c. Driver Name/Title: GRANT WILLIAMS DRIVER	j. Driver Name/Title:
d. Phone No.: 716-827-7200 e. Truck No.: 201	k. Phone No.: I. Truck No.:
f. Vehicle License No./State: 13034P NY Acknowledgement of Receipt of Materials.	m. Vehicle License No./State:
9 Drank Williams 090998	] n
Driver Signature Shipment Date Section III DESTINATION (Generator con	Driver Signature Shipment Date  mpletes: a-d, destination site completes o-f.)
a. Site Name: Niagara Recycling, Inc.	c. Phone No.:
b. Physical Address: 56th St. & Niagara Falls Blvd.	d. Mailing Address Same
Niagara Falls, NY 14304	
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the	best of my knowledge the foregoing is true and accurate.
f. Name of Authorized Agent Signature	Receipt Date
Section IV ASBESTOS (Generator con	mplete a-d, f, g, Operator* complétes e.)
a. Operator's* Name: EarthTech	b. Operator's* Phone No.: 804-354-6437
c. Operator's Address: 2229 Tomlynn Street, Richmond,	Virginia 23230
d. Special Handling Instructions and additional information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consigning packed, marked, and labeled, and are in all respects in proper condition for transport by	nent are fully and accurately described above by proper shipping name and are classified, by highway according to applicable international and government regulations.
e. Operator's* Name & Title: Print/Type	Operator's Signature Date
f. Name and Address of Responsible Agency: USEPA Region II, Edison, New	
	% nonfriable



If waste is asbestos waste, complete Sections I, II, III and IV.

If waste is NOT asbestos waste, complete only Sections I, II and III.

.... No.270563

	e, complete only Sections I, II and III.
a. Generator Name: <u>USEPA Region II</u>	
a. Generator Name. Oblika Region 11  Acc. Address 2890 Woodbridge	
e. Phone No.:	f. Phone No.: 315-734-1394
g. Owner's Name:	h. Owner's Phone No.:
	TYPE , TYPE
# BFI WASTE CODE	Containers DM - METAL DRUM DP - PLASTIC DRUM B - BAG
j. Description of Waste: Friable Asbestos	or WRAP
RQ Asbestos, 9 NA 2212 III	DOODS W 0 1 T TO TRUCK
GENERATOR'S CERTIFICATION: I hereby certify that the above named material any applicable state law, has been properly described, classified and packaged applicable regulations; AND, if the waste is a treatment residue of a previously Restrictions, I certify and warrant that the waste has been treated in accordance whazardous waste as defined by 40 CFR Part 261  JACC D. HARMON 5  Generator Authorized Agent Name  Signature For Emerge	, and is in proper condition for transportation according to P - POUNDS restricted hazardous waste subject to the Land Disposal Y - YARDS
Section II TRANSPORTER (General	
TRANSPORTER I	TRANSPORTER II
Name: Hazmat Environmental Group, Inc.	h. Name:
bi Address: 60 Commerce Drive	i. Address:
Buffalo, NY 14218	
c. Driver Name/Title: GRANT WILLIAMS DRIVEN	j. Driver Name/Title:
d. Phone No.: 716-827-7200 e. Truck No.: 201	PRINT/TYPE  k. Phone No.: I. Truck No.:
f. Vehicle License No./State: /3034/ N.Y Acknowledgement of Receipt of Materials.	m. Vehicle License No./State:  Acknowledgement of Receipt of Materials:
Draf 1. 18leins 09099	
Driver Signature Shipment Date Section III DESTINATION (Generators	Driver Signature Shipment Date completes a-d, destination site completes a-d,
	714 005 0044
a. Site Name: Niagara Recycling, Inc.	c. Phone No.: 716-285-3344
b. Physical Address: 56th St. & Niagara Falls Blvd.	d. Mailing AddressSame
Niagara Falls, NY 14304	<del></del>
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to	the best of my knowledge the foregoing is true and accurate.
Pam Scott Pom Scott Name of Authorized Agent Signature	1 090998 son6b
Section IV ASBESTOS (Generator)	complete a-d, f, g, Operator completes e.),
a. Operator's* Name: EarthTech	b. Operator's* Phone No.: 804-354-6437
c. Operator's Address: 2229 Tomlynn Street, Richmon	d, Virginia 23230
d. Special Handling Instructions and additional information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignacked, marked, and labeled, and are in all respects in proper condition for transport	nment are fully and accurately described above by proper shipping name and are classified, t by highway according to applicable international and government regulations:
e. Operator's* Name & Title: LEROL CASSICELY	SALODO DAIDERIA
f. Name and Address of Responsible Agency: <u>USEPA Region II, Edison</u> , No	Operator's Signature Date  Date  W Jersey 08817
g. X Friable; Non-friable; Both 100 % friable	% nonfriable



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is <u>NOT</u> asbestos waste, complete only Sections I, II and III.

No. 367520

	e, complete only Sections I, II and III.
	enerator completes all of Section I)
a. Generator Name: USEPA Region II	b. Generating Location: Bossert Manufacturing Site
c. Address 2390 Woodbridge	d. Address:1002 Oswego Street
Edison, New Jersey 08817	Utica, NY 13502
732-591-2278	315-734-1394
e. Phone No.:	f. Phone No.: 315-734-1394
	h. Ouwards Bhanna No.
g. Owner's Name:	h. Owner's Phone No.:
i. BFI WASTE CODE	Containers DM - METAL DRUM DP - PLASTIC DRUM B - BAG
j. Description of Waste: Non-Friable Asbestos	k. Quantity Units No. TYPE BA - 6 MIL. PLASTIC BAG or WRAP
	O 1 T TRUCK O - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material any applicable state law, has been properly described, classified and packaged, applicable regulations; AND, if the waste is a treatment residue of a previously Restrictions, I certify and warrant that the waste has been treated in accordance w hazardous waste as defined by 40 CFR Part 261:  ACK D. HARDON  Generator Authorized Agent Name  Signature	, and is in proper condition for transportation according to restricted hazardous waste subject to the Land Disposal rith the requirements of 40 CFR Part 268 and is no longer a Y  P - POUNDS Y - YARDS M³ - CUBIC METERS Y³ - CUBIC YARDS
Section II TRANSPORTER (Generate	or complete a-d. Transporter I complete e-g.)
TRANSPORTER I	TRANSPORTER II
a. Name: Razmat Environmental Group, Inc.	h. Name:
b. Address: 60 Commerce Drive	
Buffalo, NY 14218	i. Address:
c. Driver Name/Title: TIMOTHY J. O'HARA (DRIVE	<u> </u>
c. Driver Name/Title: PRINT/TYPE PT 1. 4	j. Driver Name/Title:
d. Phone No.: PRINT/TYPE e. Truck No. 171. 4	k. Phone No.: I. Truck No.:
f. Vehicle License No./State:	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
g. Driver Signature O9149 Shipment Date	n Shipment Date
Section III DESTINATION (Generator	completes a-d, destination site completes e-f.)
a. Site Name: Niagara Recycling, Inc.	c. Phone No.:716-285-3344
b. Physical Address: 5600 Niagara Falls Blvd.	d. Mailing AddressSame
Niagara Falls, NY 14304	
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to	the best of my knowledge the foregoing is true and accurate.
,	
f	
Name of Authorized Agent Signature	Receipt Date
Section IV ASBESTOS (Generator	complete a-d, f, g, Operator* completes e.)
a. Operator's Name.	b. Operator's* Phone No.: <u>604 -354 -6437</u>
c. Operator's Address: 2229 Tomlynn St., Richmond,	Virginia 23230
d. Special Handling Instructions and additional information:	
<b>OPERATOR'S CERTIFICATION:</b> I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.	
e. Operator's* Name & Title:	Operator's Signature Date
f. Name and Address of Responsible Agency: USEPA Region II, Edison, No.	· · · · · · · · · · · · · · · · · · ·
g. Friable; Non-friable; Both % friable	100 % nonfriable



If waste is asbestos waste, complete Sections I, II, III and IV.

No. 367520

Section 1 GENERATOR (G	eherator completes all of Section I)
a. Generator Name: USEPA Region II	b. Generating Location: Bossert Manufacturing Site
c. Address 2890 Woodbridge	d. Address: 1002 Oswego Street
Edison, New Jersey 08817	Utica, NY 13502
e. Phone No.:	f. Phone No.: 315-734-1394
g. Owner's Name:	h. Owner's Phone No.:
i. BFI WASTE CODE	Containers DM - METAL DRUM DP - PLASTIC DRUM
j. Description of Waste: Non-Friable Asbestos	B - BAG  K Quantity Units No. TYPE BA - 6 MIL. PLASTIC BAG
G. Soonparior Control of the Control	Or MOAD
GENERATOR'S CERTIFICATION: I hereby certify that the above named material any applicable state law, has been properly described, classified and packaged, applicable regulations; AND, if the waste is a treatment residue of a previously Restrictions, I certify and warrant that the waste has been treated in accordance with hazardous waste as defined by 40 CFR Part 261  ACK D. HARMON  Generator Authorized Agent Name	and is in proper condition for transportation according to restricted hazardous waste subject to the Land Disposal ith the requirements of 40 CFR Part 268 and is no longer a P - POUNDS Y - YARDS M³ - CUBIC METERS Y³ - CUBIC YARDS O - OTHER
Section II TRANSPORTER (Generate	Shipment Date  Transporter Learning
TRANSPORTER I	r complete a-d; Transporter II complete n-n ) TRANSPORTER II
a. Name: Hazmat Environmental Group, Inc.	•
b. Address: 60 Commerce Drive	h. Name:i. Address:
Buffalo, NY 14218	i. Address:
c. Driver Name/Title: TIMOTHY J. O'HARA (DRIVE)	<u> </u>
716 027 7200 PRINT/TYPE DT1_4	PRINT/TYPE
DVEHGE (AN)	k. Phone No.:
f. Vehicle License No./State:	m. Vehicle License No./State:
) H (10/less 00/14/9)	
Driver Signature Shipment Date	7 n
Section III DESTINATION (Generator of	completes a-d, destination site completes e-f.)
a. Site Name: Niagara Recycling, Inc.	c. Phone No.: 716-285-3344
b. Physical Address: 5600 Niagara Falls Blvd.	d. Mailing Address Same
Niagara Falls, NY 14304	
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the	ne best of my knowledge the foregoing is true and accurate.
Pam Scott Pam Acott Name of Authorized Agent Signature	091498 San6D
Section IV ASBESTOS (Generator o	omplete a-3, f, g, Operator' completes e.):
a. Operator's* Name: EarthTech	b. Operator's* Phone No.: 804-354-6437
Operator's Address: 2229 Tomlynn St., Richmond, V	
d. Special Handling Instructions and additional information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignanced, marked, and labeled, and are in all respects in proper condition for transport	nment are fully and accurately described above by proper shipping name and are classified, by highway according to applicable international and government regulations.
e. Operator's* Name & Title:	RM See Cosiday 1041/498
f. Name and Address of Responsible Agency: USEPA Region II, Edison, Ne	Operator's Eiginature Date  2 W Jersey 08817
g.  Friable; Non-friable; Both % friable	100 % nontriable



If waste is asbestos waste, complete Sections I, II, III and IV.

Section I GENERATOR (Gen	erator completes all of Section i)
TISEPA Region II	o. Generating Location: Bossert Manufacturing Site
2890 Woodbridge	d. Address: 1002 Oswego Street
Edison, New Jersey 08817	Utica, NY 13502
e. Phone No.:	Phone No : 315-734-1394
If owner of the generating facility differs from the generator, provide:	. Thomass.
g. Owner's Name: h	n. Owner's Phone No.:
i. BFI WASTE CODE	TYPE Containers DM - METAL DRUM
Non-Friable Ashestos	DP - PLASTIC DRUM
j. Description of Waste:	k. Quantity Units No. TYPE BA - 6 MIL. PLASTIC BAG or WRAP
-11-12-12-12-12-12-12-12-12-12-12-12-12-	O 1 T TRUCK O - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is r any applicable state law, has been properly described, classified and packaged, ar	nd is in proper condition for transportation according to P - POUNDS
applicable regulations; AND, if the waste is a treatment residue of a previously re Restrictions, I certify and warrant that the waste has been treated in accordance with	estricted hazardous waste subject to the Land Disposal Y - YARDS the requirements of 40 CFR Part 268 and is no longer a M³ - CUBIC METERS
hazardous waste as defined by 40 CFR Part 261.  ALL D. HARMON	Y <sup>3</sup> - CUBIC YARDS O - OTHER
Generator Authorized Agent Name Signature	Shipment Date**
Section II TRANSPORTER (Generator of	Transporter I complete e.g
TRANSPORTER I	TRANSPORTER II
a. Name: Hazmat Environmental Group, Inc.	h. Name:
b. Address: 60 Commerce Drive	i. Address:
Buffalo, NY 14218	
c. Driver Name/Title:	j. Driver Name/Title:
d. Phone No.: 716-827-7200 PRINT/TYPE e. Truck No.: 716-4	k. Phone No.: 1. Truck No.:
f. Vehicle License No./State: PX5496 (NY)	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
g. Driver Signature Shipment Date	n Shipment Date
	mpletes a.d. destination site completes e.f.)
a. Site Name:Niagara Recycling, Inc.	c. Phone No.: 716-285-3344
b. Physical Address: 5600 Niagara Falls Blvd.	d. Mailing Address
Niagara Falls, NY 14304	
e. Discrepancy Indication Space:	
Lhereby certify that the above named material has been accepted and to the	best of my knowledge the foregoing is true and accurate.
f. Name of Authorized Agent Signature	Receipt Date
Section IV ASBESTOS (Generator con	nplete a-d, f, g, Operator* completes e.)
a. Operator's Name: 2229 Tomlynn St., Richmond, Vi	b. Operator's* Phone No.: 804-354-6437 irginia 23230
c. Operator's Address:	
d. Special Handling Instructions and additional information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignm packed, marked, and labeled, and are in all respects in proper condition for transport by	nent are fully and accurately described above by proper shipping name and are classified, y highway according to applicable international and government regulations.
e. Operator's* Name & Title:	Operator's Signature Date
f. Name and Address of Responsible Agency:  USEPA Region II, Edison, New	
g. 🗌 Friable; 🦰 Non-friable; 🔲 Both % friable	% nonfriable
* Operator refers to the company which owns, leases, operates, controls, or supervises to	the facility being demolished or renovated, or the demolition or renovation operation, or both



If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III.

ii wada ia <u>No i</u> adabata wada, da	mplete only economic i, if and iii.
Section 1 GENERATOR (Gene	rator completes all of Section ()
a. Generator Name: USEPA Region II b.	Generating Location: Bossert Manufacturing Site
c. Address 2890 Woodbridge d.	Address: 1002 Oswego Street
Edison, New Jersey 08817	Utica, NY 13502
e. Phone No.: 732-591-2278 f.	Phone No.: 315-734-1394
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name: h.	Owner's Phone No.:
i. BFI WASTE CODE	TYPE Containers DM - METAL DRUM
	Containers DM - METAL DRUM DP - PLASTIC DRUM B - BAG
j. Description of Waste: Non-Friable Asbestos	k. Quantity Units No. TYPE BA - 6 MIL. PLASTIC BAG or WRAP
The second of the second	T TRUCK O THER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not any applicable state law, has been properly described, classified and packaged, and applicable regulations; AND, if the waste is a treatment residue of a previously restrictions, I certify and warrant that the waste has been treated in accordance with the hazardous waste as defined by 40 CFR Part 261.  Generator Authorized Agent Name  Gignature  Signature	I is in proper condition for transportation according to tricted hazardous waste subject to the Land Disposal Y - YARDS
Section II TRANSPORTER (Generator co	
TRANSPORTER I	TRANSPORTER II
a Name: Hazmat Environmental Group, Inc.	h. Name:
b. Address: 60 Commerce Drive	i. Address:
Buffalo, NY 14218	i. Address.
c. Driver Name/Title: TIMOTHY J. PHALA (DRIVET)	Driver Name /Title
d. Phone No.: 716-827-7200 PRINT/TYPE . e. Truck No.: 772-4	j. Driver Name/Title:
DXSUGZ (A)VI	k. Phone No.: I. Truck No.:
f. Vehicle License No./State:	m. Vehicle License No./State:
Janoth J. OHan 09 18 98	n
Driver Signature Shipment Date  Section 1H DESTINATION (Generator com	Driver Signature Shipment Date  Shipment Date
a. Site Name: Niagara Recycling, Inc.	c. Phone No.: 716-285-3344
b. Physical Address: 5600 Niagara Falls Blvd.	d. Mailing AddressSame
Niagara Falls, NY 14304	
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the beautiful	pest of my knowledge the foregoing is true and accurate.
Pom Scott Ham Scott Name of Authorized Agent	[091898] son6D
Section IV ASBESTOS (Generator comp	plete a-d, (, g, Operator completes e.)
a. Operator's* Name: <u>EarthTech</u>	b. Operator's* Phone No.: 804-354-6437
c. Operator's* Address: 2229 Tomlynn St., Richmond, Vi	
d. Special Handling Instructions and additional information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignme backed, marked, and labeled, and are in all respects in proper condition for transport by	nt are fully and accurately described above by proper shipping name and are classified, highway according to applicable international and government regulations.
e. Operator's* Name & Title: LORO 1 (155, 1001), RA	KIRKTIPPIN LIGHTOOTLOGIN
Name and Address of Responsible Agency: USEPA Region II, Edison, New	Operator's Signature Date  Jersey 08817
	00
g.  Friable; X Non-friable; Both % friable1	00 % nonfriable



If waste is asbestos waste, complete Sections I, II, III and IV.

No. 367522

If waste is NOT asbestos waste, complete only Sections I, II and III.		
	enerator completes all of Section I)	
a. Generator Name: USEPA Region II	b. Generating Location: Bossert Manufacturing Site	
c. Address	d. Address:	
Edison, New Jersey 08817	Utica, NY 13502	
732-591-2278 e. Phone No.:	f. Phone No.: 315-734-1394	
If owner of the generating facility differs from the generator, provide:	Filotie No.:	
g. Owner's Name:	h. Owner's Phone No :	
	TYPE	
i. BFI WASTE CODE Non-Friable Asbestos	Containers DM - METAL DRUM DP - PLASTIC DRUM B - BAG	
j. Description of Waste:	k. Quantity Units No. TYPE BA - 6 MIL. PLASTIC BAG or WRAP	
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is any applicable state law, has been properly described, classified and packaged, applicable regulations; AND, if the waste is a treatment residue of a previously Restrictions, I certify and warrant that the waste has been treated in accordance with hazardous waste as defined by 40 CFR Part 261.  Generator Authorized Agent Name  Signature	restricted hazardous waste subject to the Land Disposal ith the requirements of 40 CFR Part 268 and is no longer a shipment Date  P - POUNDS Y - YARDS M³ - CUBIC METERS Y³ - CUBIC YARDS O - OTHER	
Section II TRANSPORTER (Generate	or complete a-d; Transporter II complete e-g Transporter II complete h-n	
TRANSPORTER I	TRANSPORTER II	
a. Name: Hazmat Environmental Group, Inc.	h. Name:	
b. Address: 60 Commerce Drive	i. Address:	
Buffelo, NY 14218		
c. Driver Name/Title: TIMOTHY J. O'HARA (ORI	Driver Name/Title:	
d. Phone No.: 716-827-7200 PRINT/TYPE e. Truck No.: 272-4	Driver Name/Title: PRINT/TYPE	
PXC/LGG (AN)		
f. Vehicle License No./State:	m. Vehicle License No./State:	
g / O / O / O / O / O / O / O / O / O /	n	
and the second s	completes a-d, destination site completes e-f.)	
a. Site Name: Niagara Recycling, Inc.	c. Phone No.: 716-285-3344	
5600 Niagara Falls Blvd.	Same	
b. Physical Address:	d. Mailing Address	
e. Discrepancy Indication Space:		
I hereby certify that the above named material has been accepted and to the	he best of my knowledge the foregoing is true and accurate.	
•		
Name of Authorized Agent Signature	Receipt Date	
	complete a-d, f, g, Operator* completes e.)	
a. Operator's* Name:	b. Operator's* Phone No.: 804-354-6437	
c. Operator's* Address: 2229 Tomlynn St., Richmond, V	Virginia 23230	
d. Special Handling Instructions and additional information:		
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignanced, marked, and labeled, and are in all respects in proper condition for transport	nment are fully and accurately described above by proper shipping name and are classified, t by highway according to applicable international and government regulations.	
e. Operator's* Name & Title:	- CALLES OFFICER	
f. Name and Address  USEPA Region II, Edison, Ne	Operator's Signature Date  W Jersey 08817	
of Hesponsible Agency:	100	
g. Friable; Non-friable; Both % friable %	% nonfriable	



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is <u>NOT</u> asbestos waste, complete only Sections I, II and III.

No. 367522

II waste is <u>NOT</u> aspestos waste	, complete only Sections I, II and III.
	enerator completes all of Section I)
a. Generator Name: USEPA Region II	b. Generating Location: Bossert Manufacturing Site
c. Address 2890 Woodbridge	1002 Octobra Channel
Edison, New Jersey 08817	Utica, NY 13502
e. Phone No.: 732–591–2278	f. Phone No.: 315-734-1394
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name:	h. Owner's Phone No.:
i. BFI WASTE CODE	TYPE  Containers DM - METAL DRUM DP - PLASTIC DRUM DP - PLASTIC DRUM
Description of Waste: Non-Friable Asbestos	k. Quantity Units No. TYPE B - BAG OF WRAP
15E	OOOSO 4 0 1 T T TRUCK
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is any applicable state law, has been properly described, classified and packaged, applicable regulations; AND, if the waste is a treatment residue of a previously Restrictions, I certify and warrant that the waste has been treated in accordance with hazardous waste as defined by 40 CFR Part 261.  Generator Authorized Agent Name  Signature	and is in proper condition for transportation according to restricted hazardous waste subject to the Land Disposal Y - YARDS
Section II TRANSPORTER (Génerato	complete a-d. Transporter I complete e-g
TRANSPORTER I	TRANSPORTER II
a. Name: Hazmat Environmental Group, Inc.	h. Name:
b. Address: 60 Commerce Drive	i. Address:
Buffalo, NY 14218	
c. Driver Name/Title: TIMOTHY J. O'HARA (DRIV	Driver Name/Title:
d. Phone No.: 716-827-7200 PRINT/TYPE e. Truck No.: 277-4	k: Phone No.: 1. Truck No.:
f. Vehicle License No./State: PX5496 WY)	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
g Intelly J. O Hars 092198  Driver Signature Shipment Date	5 n
	Driver Signature Shipment Date ompletes e-d, destination site completes e-f.)
a. Site Name: Niagara Recycling, Inc.	c. Phone No.: 716-285-3344
b. Physical Address: 5600 Niagara Falls Blvd.	d. Mailing Address Same
Niagara Falls, NY 14304	
e. Discrepancy Indication Space:	
f. Name of Authorized Agent	e best of my knowledge the foregoing is true and accurate.  Receipt Date
Section IV ASBESTOS (Generator co	implete a-d. f, g, Operator completes e.)
a. Operator's* Name: EarthTech	b. Operator's* Phone No.: 804-354-6437
c. Operator's Address: 2229 Tomlynn St., Richmond, V	irginia 23230
d. Special Handling Instructions and additional information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consign packed, marked, and labeled, and are in all respects in proper condition for transport	ment are fully and accurately described above by proper shipping name and are classified, by highway according to applicable international and government regulations.
e. Operator's* Name & Title: Print/Type	Operator's Signature Date
f. Name and Address of Responsible Agency: USEPA Region II, Edison, Ne	
g. 🗌 Friable; 💹 Non-friable; 🗌 Both % friable	100 % nonfriable



If waste is asbestos waste, complete Sections I, II, III and IV.

		•	complete only Sections I, II and III.
S	ection I GENERATOR	3ene	erator completes all of Section I)
a.	Generator Name: USEPA Region II		. Generating Location: Bossert Manufacturing Site
_	Address 2890 Woodbridge		. Address: 1002 Oswego Street
v.	Edison, New Jersey 08817	. u.	Utica, NY 13502
	732-591-2278	•	315_736_1396
	Phone No.:	. f.	Phone No.:
			Owner & Shares Mari
g.	Owner's Name:	. n.	. Owner's Phone No.:
i.	BFI WASTE CODE		Containers DM - METAL DRUM DP - PLASTIC DRUM B - BAG
j.	Description of Waste: Non-Friable Asbestos		k. Quantity Units No. TYPE BA - 6 MIL. PLASTIC BAG or WRAP
			T - TRUCK O - OTHER
	GENERATOR'S CERTIFICATION: I hereby certify that the above named material any applicable state law, has been properly described, classified and packaged, applicable regulations; AND, if the waste is a treatment residue of a previously	, and <b>re</b> s	nd is in proper condition for transportation according to P - POUNDS stricted hazardous waste subject to the Land Disposal Y - YARDS
	Restrictions, I certify and warrant that the waste has been treated in accordance w hazardous waste as defined by 40 CFR Part 261.		Y <sup>3</sup> - CUBIC YARDS
,	Generator Authorized Agent Name Signature		AL ORANGE LO -OTHER
	Generator Authorized Agent Name Signature		Shipment Date
C)	ection II TRANSPORTER (Generate		
	TRANSPORTER I		TRANSPORTER II
a.	Name: Razmat Environmental Group, Inc.		h. Name:
b.	Address: 60 Commerce Drive		i. Address:
	Buffalo, NY 14218		
_	Driver Name/Title: PRINT/TYPE 132	4.4	Driver Name/Title:
٠.			PRINT/TYPE
	DX TY GC NY		k. Phone No.: I. Truck No.:
	Vehicle License No./State:		m. Vehicle License No./State:
	2 1 0 5 Han 0 97 7 9	مترز	Nontrownedgement of receipt of Materials.
g.	Driver Signature Shipment Date		n
S	ection III (Generator	com	npletes a-d, destination site completes e-f.)
a.	Site Name: Niagara Recycling, Inc.		c. Phone No.:
b.	Physical Address:5600 Niagara Falls Blvd.		d. Mailing AddressSame
	Wingara Falls, NY 14304		
_	Discrepancy Indication Space:		
σ.	I hereby certify that the above named material has been accepted and to	the	best of my knowledge the foregoing is true and accurate.
	,		
f.			
	Name of Authorized Agent Signature		Receipt Date
2000	- Zarthfaah	com	pilete a-d, f; g, Operator* completes e.)
a.	Operator's Name: 2229 Tomlynn St., Richmond,	V1:	b. Operator's Priorie No.:
C.	Operator's* Address:	T	552120
	Special Handling Instructions and additional information:		
pa	PERATOR'S CERTIFICATION: I hereby declare that the contents of this consignification of the contents of the co	nme rt by	ent are fully and accurately described above by proper shipping name and are classified, y highway according to applicable international and government regulations.
e.	Operator's* Name & Title:		Operator's Signature Date
f.	Name and Address of Responsible Agency: USEPA Region II, Edison, No.	ew	, •
g.	☐ Friable; ☐ Non-friable; ☐ Both % friable	10	% nonfriable



If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III.

No. 367523

S	ection I GENERATOR (Generator completes all of Section I).
а.	Generator Name: USEPA Region II b. Generating Location: Bossert Manufacturing Site
	Address 2890 Woodbridge d. Address: 1002 Oswego Street
u.	Edison, New Jersey 08817 Utica, NY 13502
	700 501 0070
	Phone No.:
a.	Owner's Name: h. Owner's Phone No.:
<b>3</b> .	TYPE
i.	BFI WASTE CODE Containers DM - METAL DRUM DP - PLASTIC DRUM B - BAG
j.	Description of Waste: Non-Friable Asbestos,     Quantity     Units   No.   TYPE   BA - 6 MIL. PLASTIC BAG or WRAP   T - TRUCK   O - OTHER
	GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or UNITS
(	any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Pestrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.  Signature  Signature  Shipment Date
S	ection II TRANSPORTER (Generator complete a-d: Transporter I complete e-g )
*******	TRANSPORTER II TRANSPORTER II
a.	Name: Hazmat Environmental Group, Inc. h. Name:
b.	Address: 60 Commerce Drive i. Address:
	Buffalo, NY 14218
C.	Driver Name/Title: TIMOTHY J. O'HARA (DRIVER). Driver Name/Title:
	Phone No.: 716-827-7200 PRINT/TYPE e. Truck No.: 716-827-7200 e. Truck No.: 1. Truck No.: 1. Truck No.:
	Vehicle License No./State: PX5 4 96 (WY) m. Vehicle License No./State:
	Acknowledgement of Receipt of Materials.  Acknowledgement of Receipt of Materials.
g.	Isnothy Johan 092598 n: Driver Signature Driver Signature Shipment Date
S	Shipment Date Driver Signature Shipment Date  Oction III DESTINATION (Generator completes a-d, destination site completes e-f.)
a.	Site Name: Niagara Recycling, Inc. c. Phone No.: 716-285-3344
b.	Physical Address:5600 Niagara Falls Blvd d. Mailing AddressSame
	Niagara Falls, NY 14304
e.	Discrepancy Indication Space:
	I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.
f.	Pam Scott Homilcott [49] 1598 san6D
S	ASBESTOS (Generator complete a-d, f, g, Operator completes e.)
	Operator's* Name: EarthTech b. Operator's* Phone No.: 804-354-6437
	Operator's* Address: 2229 Tomlynn St., Richmond, Virginia 23230
	Special Handling Instructions and additional information:
OP	ERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, sked, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.
	Operator's' Name & Title: 457 CGS, COS
	Name and Address of Responsible Agency: USEPA Region II, Edison, New Jersey 08817
g.	Friable; K Non-friable; Both % friable % nonfriable



If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III.

	e, complete only Sections I, II and III.
Section I GENERATOR (c	Generator completes all of Section I)
a. Generator Name: <u>USEPA Region II</u>	b. Generating Location: Bossert Manufacturing Site
c. Address2890 Woodbridge	d. Address: 1002 Oswego Street
Edison, NJ 08817	<u>Utica, NY 13502</u>
e. Phone No.: 732-591-2278	f. Phone No.: 315-734-1394
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name:	h. Owner's Phone No.:
i. BFI WASTE CODE	TYPE  Containers DM - METAL DRUM DP - PLASTIC DRUM B - BAG
j. Description of Waste: Friable Asbestos	k, Quantity Units No. TYPE BA - 6 MIL PLASTIC BAG or WRAP
RQ Asbestos, 9 NA 2212 III	ODOSO Q 1 T T TRUCK O - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material any applicable state law, has been properly described, classified and packaged applicable regulations; AND, if the waste is a treatment residue of a previously Restrictions, I certify and warrant that the waste has been treated in accordance whazardous waste as defined by 40 CFR Part 26.	, and is in proper condition for transportation according to P - POUNDS Y restricted hazardous waste subject to the Land Disposal Y - YARDS
Generator Authorized Agent Name  Signature  Signature  Signature  Signature  Signature  Signature	- INNIAMB
Section II TRANSPORTER (Generat	ncy Kesponse:
TRANSPORTER I	TRANSPORTER II
a Name: Hazmat Environmental Group, Inc.	h. Name:
b. Address: 60 Commerce Drive	i. Address:
Buffalo, NY 14218	
c. Driver Name/Title: TIMOTHY J. O'HARA (DRI	j. Driver Name/Title:
d. Phone No.: 716-827-7200 e. Truck No.: R72-4	K. Phone No.: I. Truck No.:
f. Vehicle License No./State: PX5496 (NY)	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
simolog 7.0 Hara 10199	<b>8</b>
Section III DESTINATION (Generator	Driver Signature Shipment Date completes a-d, destination site completes e-f.)
a. Site Name: Niagara Recycling, Inc.	c. Phone No.: 716-285-3344
b. Physical Address: 56th St. & Niagara Falls Blvd.	d. Mailing AddressSame
Niagara Falls, NY 14304	
e. Discrepancy Indication Space:	
Phereby certify that the above named material has been accepted and to	the best of my knowledge the foregoing is true and accurate.
f. Pam Scott Name of Authorized Agent  Pom Scott Signature	TOTAL SOURCE SOU
	complete a-d, f, g, Operator' completes e.)
a. Operator's* Name: _EarthTech	b. Operator's* Phone No.: 804-354-6437
c. Operator's* Address: 2229 Tomlynn Street, Richmond	
d. Special Handling Instructions and additional information:	
<b>OPERATOR'S CERTIFICATION:</b> I hereby declare that the contents of this consignacked, marked, and labeled, and are in all respects in proper condition for transport	nment are fully and accurately described above by proper shipping name and are classified to by highway according to applicable international and government regulations
e. Operator's* Name & Title: Legy Cashoo	Seconda TOVARK
f. Name and Address of Responsible Agency: <u>USEPA Region II, Edison, Net</u>	Operator's Signature Date  W Jersey 08817
g.X Friable; Non-friable; Both 100 % friable	% nonfriable



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is <u>NOT</u> asbestos waste, complete only Sections I, II and III.

No.270575

If waste is <u>NOT</u> asbestos waste	e, complete only Sections I, II and III.
Section I GENERATOR (G	tenerator completes all of Section I)
a. Generator Name: USEPA Region II	b. Generating Location: Bossert Manufacturing Site
c. Address 2890 Woodbridge	d. Address: 1002 Oswego Street
Edison, New Jersey 08817	Utica, NY 13502
e. Phone No.: 732-591-2278	f. Phone No.: 315-734-1394
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name:	
i. BFI WASTE CODE	TYPE  Containers  DM - METAL DRUM DP - PLASTIC DRUM B - BAG
j. Description of Waste: Non-Hazardous Building Debris	Or WRAP
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is any applicable state law, has been properly described, classified and packaged, applicable regulations; AND, if the waste is a treatment residue of a previously Restrictions, I certify and warrant that the waste has been treated in accordance with hazardous waste as defined by 40 CFR Part 261.  Generator Authorized Agent Name	and is in proper condition for transportation according to restricted hazardous waste subject to the Land Disposal ith the requirements of 40 CFR Part 268 and is no longer a Shipment Date  P - POUNDS Y - YARDS M³ - CUBIC METERS Y³ - CUBIC YARDS O - OTHER
Section II TRANSPORTER (Generato	or complete a-d; Transporter I complete e-g. )
TRANSPORTER I  a. Name: Hazmat Environmental Group, Inc.	TRANSPORTER II  h. Name:
b. Address: 60 Commerce Drive	i. Address:
Buffalo, NY 14218	
c. Driver Name/Title: TIMOTHY J. O'HARA ORIVE	I I. Dover Name/Time:
d. Phone No.: (716) 827-7200 PRINT/TYPE e. Truck No.: (772-4)	PRINT/TYPE  k. Phone No.: I. Truck No.:
f. Vehicle License No./State: PX 54 96 (WY)	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
g. Driver Signature Shipment Date	3 n
	Driver Signature Shipment Date  completes a-d, destination site completes e-f.)
a. Site Name: Niagara Recycling, Inc.	c. Phone No.: (716) 285-3344
b. Physical Address: 5600 Niagara Falls Blvd.	d. Mailing Address Saac
Niagara Falls, NY 14304	
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the	he best of my knowledge the foregoing is true and accurate.
f. Name of Authorized Agent Signature	Receipt Date
	complete a-d, f, g, Operator* completes e.)
a. Operator's* Name:	
c. Operator's* Address:	
d. Special Handling Instructions and additional information:	
packed, marked, and labeled, and are in all respects in proper condition for transport	nment are fully and accurately described above by proper shipping name and are classified, by highway according to applicable international and government regulations.
e. Operator's* Name & Title:	
. Name and Address	Operator's Signature Date
of Responsible Agency:	
g. Friable; Non-friable; Both % friable	% nonfriable





If waste is asbestos waste, complete Sections I, II, III and IV.

No. 270576

If waste is NOT aspestos waste	e, complete only Sections I, II and III.
Section I GENERATOR (G	enerator completes all of Section I)
a. Generator Name: USEPA Region II	b. Generating Location: Bossert Manufacturing Site
	d. Address: 1002 Oswego Street
Edison, New Jersey 08817	Utica, NY 13502
e. Phone No.: 732-591-2278	f. Phone No.: 315-734-1394
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name:	h. Owner's Phone No.:
i. BFI WASTE CODE	Containers DM - METAL DRUM DP - PLASTIC DRUM
j. Description of Waste: Non-Hazardous Building Debris	k. Quantity  Units No. TYPE B - BAG BA - 6 MIL. PLASTIC BAG
	OCOSO 1 T - TRUCK O - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is any applicable state law, has been properly described, classified and packaged, applicable regulations; AND, if the waste is a treatment residue of a previously Restrictions, I certify and warrant that the waste has been treated in accordance with hazardous waste as defined by 40 CFR Part 261.  Generator Authorized Agent Name  Signature	and is in proper condition for transportation according to restricted hazardous waste subject to the Land Disposal Y - YARDS
	Transporter I complete e-g
TRANSPORTER I	TRANSPORTER II
a. Name: Hazmat Environmental Group, Inc.	h. Name:
b. Address: 60 Commerce Drive	i. Address:
Buffalo, NY 14218	
c. Driver Name/Title: TIMOTHY J. O'HARA ORIVE	Driver Name/Title
d. Phone No.: (716) 827-7200 PRINT/TYPE e. Truck No.: (716)	j. Driver Name/Title:
f. Vehicle License No./State: PX 54 96 (WY)	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
g. Driver Signature Shipment Date	n. Driver Signature Shipment Date
	completes a-d, destination site completes e-f.)
a. Site Name: Riagara Recycling, Inc.	c. Phone No.: (716) 235-3344
b. Physical Address: 5600 Niagara Falls Blvd.	d. Mailing Address Same
Niagara Falls, NY 14304	
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the	ne best of my knowledge the foregoing is true and accurate.
f. Name of Authorized Agent Signature	Receipt Date
Section IV ASBESTOS (Generator co	omplete a-d, f, g, Operator* completes e.)
a. Operator's* Name:	
c. Operator's* Address:	
d. Special Handling Instructions and additional information:	
	ment are fully and accurately described above by proper shipping name and are classified, by highway according to applicable international and government regulations.
e. Operator's* Name & Title:	
Name and Address of Responsible Agency:	Operator's Signature Date
g. Friable; Non-friable; Both % friable	1
	/



If waste is asbestos waste, complete Sections I, II, III and IV.

No.270577

If waste is <u>NOT</u> aspestos waste,	, complete only Sections I, II and III.
Section I GENERATOR (Ge	nerator completes all of Section I)
a. Generator Name: USEPA Region II	b. Generating Location: Bossert Manufacturing Site
	d. Address: 1002 Ogwego Street
Edison, New Jersey 08817	Utica, NY 13502
	f. Phone No.: 315-734-1394
If owner of the generating facility differs from the generator, provide:	;
g. Owner's Name:	h. Owner's Phone No.:
i. BFI WASTE CODE	TYPE Containers DM - METAL DRUM
i. Description of Waste: Non-Hazardous Building Debris	DP - PLASTIC DRUM B - BAG k Quantity Units No. TYPE BA - 6 MIL PLASTIC BAG
j. Description of Waste.	K. Quantity  Units  No. TYPE  BA - 6 MIL. PLASTIC BAG  or WRAP  T - TRUCK  O - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is any applicable state law, has been properly described, classified and packaged, applicable regulations; AND, if the waste is a treatment residue of a previously restrictions, I certify and warrant that the waste has been treated in accordance with hazardous waste as defined by 40 CFR Part 261  ACK D. HARMON  Generator Authorized Agent Name  Signature	and is in proper condition for transportation according to restricted hazardous waste subject to the Land Disposal Y - YARDS
Section II TRANSPORTER (Generator	Transporter I complete e-g
TRANSPORTER I	TRANSPORTER II
a. Name: Eazmat Environmental Group, Inc.	h. Name:
b. Address: 60 Commerce Drive	
Buffslo, NY 14218	i. Address:
c. Driver Name/Title: MIKE HYERS	
PRINT/TYPE Fr.	j. Driver Name/Title:
	k. Phone No.: I. Truck No.:
f. Vehicle License No./State: 130349 /V. Y.  Acknowledgement of Receipt of Materials.	m. Vehicle License No./State: Acknowledgement of Receipt of Materials.
· Male Myers 110698	3 n
Driver Signature J Shipment Date Section III DESTINATION (Generator or	Driver Signature Shipment Date  Ompletes a-d, destination site completes e-f.)
a. Site Name: Niagara Recycling, Inc.	c. Phone No.: (716) 285-3344
b. Physical Address: 5600 Niagara Falls Blvd.	en .
Niagara Falls, NY 14304	d. Mailing Address
e. Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to the	
·	5 50st of my knowledge the foregoing is true and accorate.
f. Name of Authorized Agent Signature	Receipt Date
Section IV ASBESTOS (Generator co	mplete a-d, f, g, Operator completes e.)
a. Operator's* Name:	
c. Operator's* Address:	
d. Special Handling Instructions and additional information:	
	ment are fully and accurately described above by proper chinning name and are classified
e. Operator's* Name & Title: Print/Type	
Print/Type  f. Name and Address	Operator's Signature Date
of Responsible Agency:	
g.  Friable;  Non-friable;  Both  % friable	
* Operator refers to the company which owns, leases, operates, controls, or supervises	the facility being demolished or renovated, or the demolition or renovation operation, or both.



If waste is asbestos waste, complete Sections I, II, III and IV.

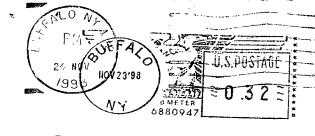
If waste is NOT asbestos waste, complete only Sections I, II and III

If waste is <u>NOT</u> asbestos waste	, complete only Sections I, II and III.
Section I GENERATOR (Ge	enerator completes all of Section ()
a. Generator Name: USEPA Region II	b. Generating Location: Boscert Manufacturing Site
c. Address 2890 Weodbridge	d. Address: 1002 Oswego Street
Edison, New Jersey 08817	Utica, NY 13502
e. Phone No.: 732-591-2278	f. Phone No.: 315-734-1394
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name:	h. Owner's Phone No.:
i. BFI WASTE CODE	TYPE  Containers DM - METAL DRUM DP - PLASTIC DRUM
j. Description of Waste: Non-Hazardous Building Debris	k. Quantity Units No. TYPE B - BAG BA - 6 MIL. PLASTIC BAG
	or WRAP T - TRUCK O - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is any applicable state law, has been properly described, classified and packaged, applicable regulations; AND, if the waste is a treatment residue of a previously in Restrictions, I certify and warrant that the waste has been treated in accordance with hazardous waste as defined by 40 CFR Part 261.	and is in proper condition for transportation according to restricted hazardous waste subject to the Land Disposal the the requirements of 40 CFR Part 268 and is no longer a Yang Cubic METERS Y3 - CUBIC METERS Y3 - CUBIC YARDS O - OTHER
Generator Authorized Agent Name Signature	Shipment Date
Section II TRANSPORTER (Generator	r complete a-d; Transporter I complete e-g ()
TRANSPORTER I	TRANSPORTER II
a Name: Razmat Environmental Group, Inc.	h. Name:
b. Address: 60 Commerce Drive	i. Address:
Buffalo, NY 14218	
c. Driver Name/Title: TIMOTHY J. O'HARA DRIVE	j. Driver Name/Title:
d. Phone No.: (716) 827-7200 PRINT/TYPE e. Truck No.: 272-4	PRINT/TYPE  k. Phone No.: I. Truck No.:
f. Vehicle License No./State: PX=176 (VY)	···
Acknowledgement of Receipt of Materials.	m. Vehicle License No./State:
g. Lonothy J. O'Hara 111298 Shipment Date	7 n
Section III DESTINATION (Generator of	Driver Signature Shipment Date  ompletes a-d, destination site completes a-t.)
a. Site Name: Niagara Recycling, Inc.	c. Phone No.: (716) 285-3344
b. Physical Address: 5600 Niagara Falls Blvd.	d. Mailing Address
Niagara Falls, NY 14304	G. Maining Address
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the	e best of my knowledge the foregoing is true and accurate
Pam Scott Pam Sc	ptt IIII 198 con 60
Section IV , ASBESTOS (Generator co	emplete a-d, f, q, Operator* completes e.)
a. Operator's* Name:	b. Operator's* Phone No.:
c. Operator's* Address:	
d. Special Handling Instructions and additional information:	
	ment are fully and accurately described above by proper shipping name and are classified, by highway according to applicable international and government regulations
e. Operator's* Name & Title:	
Print/Type  Name and Address	Operator's Signature Date
of Responsible Agency:	
3.  Friable; Non-friable; Both % friable	% nonfriable

Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.



New Village Industrial Park 60 Commerce Drive Buffalo, NY 14218-1040



Ken Stoller

2890 woodbridg= Edison, NJ 0881-

05537+3602

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